

CALIFORNIA BEVERAGE CONTAINER RECYCLING PROGRAM



# Participant Manual for Certified Processors & Certified Recycling Centers

*May 1, 2006*



*State of California  
Department of Conservation  
Division of Recycling*

## **PREFACE**

This manual has been prepared by the Department of Conservation, Division of Recycling for program participants of the California Beverage Container Recycling and Litter Reduction Act.

The manual is designed to help program participants complete the various reporting forms required by the Public Resources Code, Division 12.1 (PRC) and Title 14 of the California Code of Regulations (14CCR).

Excerpts and paraphrasing of applicable supporting sections of the PRC and 14CCR have been included throughout this manual along with references to the sections used. Although this manual was developed to help participants complete reporting forms, it is not intended to replace the PRC and/or 14CCR pertaining to certified processors and recyclers. Therefore, participants should refer to the referenced sections of the PRC and 14CCR for the full context of each section.

Please note that the rates used in the examples are based on January 2006 and are subject to change.

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## **INTRODUCTION**

### **SECTION I – Introduction**

#### **A. Overview of the California Beverage Container Recycling and Litter Reduction Act (Act)**

The Act established the California Beverage Container Recycling Fund (Fund) which is administered by the Department of Conservation (Department). Distributors and beverage manufacturers pay redemption payments and processing fees to the Department based upon the number of beverage containers sold or transferred in California. The money is deposited into the Fund and used to provide payment of refund value, processing payments, handling fees and administrative costs as authorized under the Act and to fund various grants.

Beverage containers covered under the Act include all of the following products in liquid, ready-to-drink form, that are intended for human consumption: beer and other malt beverages; wine and distilled spirit coolers; carbonated water, including soda and carbonated mineral water; noncarbonated water, including noncarbonated mineral water; carbonated soft drinks; noncarbonated soft drinks and “sport” drinks; carbonated fruit drinks; noncarbonated fruit drinks that contain any percentage of fruit juice; 100% fruit juice in containers under 46 oz; coffee and tea drinks; vegetable juice (16 oz and under).

The legislative intent of the program is to reach a statewide recycling goal of 80 percent for each container type covered by the program, significantly reducing the beverage container component of litter in the State, make recycling convenient to consumers, and create and maintain a marketplace where it is profitable to establish sufficient recycling centers and locations to provide consumers with convenient recycling opportunities.

#### **B. Introduction of the Department of Conservation/Division of Recycling**

The Department’s Division of Recycling (Division) manages California’s beverage container recycling program. The Division’s goal is to promote the beverage container recycling efforts of California consumers by providing assistance and educational information as needed. The Division also works to increase participation in the program by promoting and supporting expanded markets for recycled materials. The success of the program depends on effective coordination between government and the private sector. Communication and availability of information play an important role in developing this coordination.

The Division also allocates funds, in the form of grants, to cities, counties, local community conservation corps, and other nonprofit groups for recycling activities, litter abatement, and public education.

## **INTRODUCTION**

### **C. Introduction to the Service Contractor**

The Department hires a service contractor to operate the Payment and Report Processing System (PRPS). The service contractor is responsible for providing the following services:

- Receive, edit and process source documents from participants.
- Provide liaison services between participants and the Department.
- Provide forms, manuals, training and technical assistance to industry participants.
- Record cash receipts, accounts receivable, and perform revenue accounting.
- Record disbursements.
- Maintain the participant master file database.
- Compile program statistics and prepare reports of program performance.
- Provide program accounting reports.

Service contractor personnel are available to assist participants in report preparation and respond to issues related to the PRPS.

#### **IKON Business Information Services**

3062 Prospect Park Drive, Suite A  
Sacramento, CA 95670  
(916) 852-1010 ● FAX: (916) 638-0909

# GENERAL PROGRAM POLICIES AND PROCEDURES

## SECTION II – General Program Policies and Procedures

### A. Certification Procedures

This manual is applicable only to those entities certified or registered by the Division. To become certified or registered, applicants must complete and submit an application for the applicable category of certification or registration.

Applicants cannot operate as a certified entity until they receive an official approval notice and certificate from the Division. Approved operators are required to notify the Division in writing of their operational start date within five (5) days of the date their business begins redeeming CRV containers. NOTE: Only certified and operational program participants will be reimbursed CRV paid out to consumers or to other certified entities.

**NOTE: Once certified or registered, operators have a continued requirement to notify the Division of changes in the operation of the facility. Specific sections of 14CCR pertaining to notification requirements for each program participant are noted below.**

- Certified Processors - **14CCR, Section 2405**
- Certified Recycling Centers (includes Nonprofit Convenience Zone Recycler and Rural Region Recycler) - **14CCR, Section 2505**
- Certified Dropoff or Collection Programs (includes Neighborhood Dropoff Program) - **14CCR, Section 2605**
- Certified Community Service Programs - **14CCR, Section 2705**

All program participants should send written notification of changes to:

**Department of Conservation**  
**Division of Recycling - Certification Section**  
801 K Street, MS 15-59  
Sacramento, CA 95814-3533

Or FAX notification to (916) 323-4907

If you have any questions regarding certification procedures, please call the Division's Certification Section at (916) 324-8598.

## GENERAL PROGRAM POLICIES AND PROCEDURES

### B. Submission of Claims/Reports and Inquiries

Each type of participant has a unique P.O. Box to which claims/reports must be submitted. Please refer to the section of this manual that pertains to your specific business for further information. Between 8:00 A.M. and 5:00 P.M. mail may also be hand-delivered to the service contractor's location at:

**IKON Business Information Services**  
3062 Prospect Park Drive, Suite A  
Sacramento, CA 95670

All inquiries and correspondence pertaining to the Act, such as claim tracer requests or other claim-related problems or questions, should be sent to:

**Department of Conservation**  
**Division of Recycling**  
P.O. Box 277937  
Sacramento, CA 95827  
Attn.: PRPS Liaison Unit

**NOTE: This P. O. Box is not to be used for submission of claims/reports or any applicable payments to the Department, as unavoidable delays in processing may result.**

Telephone inquiries regarding claims will be received by the service contractor staff at (916) 852-1010, from 8:00 A.M. to 5:00 P.M. on State workdays.

Claims/reports must be received by the service contractor within the time frame stipulated. The Act provides for fines and penalties to be imposed on recyclers and processors if payment and reporting requirements are not met. To be acceptable, all claims/reports submitted must contain the following information:

- Must be completed in English and all information shall be accurate, complete, typed, or legibly handwritten in English. **Use blue or black ink only. Do not use red or green ink on report forms for any purpose.** If typed or computer generated, the ink must be dark enough to be photocopied.
- The full (organization or facility) name as submitted on the approved certification application and associated certification number or curbside identification number of the entity preparing the report.
- The name and phone number of a contact person who can answer questions regarding the preparation of the report.
- The reporting period and preparation date of the report.
- An **original** signature, printed name and title of the representative of the entity authorized to prepare the report (stamps or facsimile signatures are not acceptable).



## GENERAL PROGRAM POLICIES AND PROCEDURES

**NOTE: Failure to comply with these requirements may result in denial of the claim/report. Denials shall not extend any applicable reporting deadline.**

### **C. Claim Tracer Requests (CTR)**

A CTR is a participant request for the status of a claim. There are two types of CTRs-- telephone and written.

#### **1. Telephone Requests**

The PRPS Liaison Unit will handle all telephone CTRs which meet one of the following criteria:

- The claim was submitted more than 10 workdays prior to the CTR.
- The participant noted an error on the claim after submission.

If one of these requirements is met, the Liaison Unit will attempt to trace the claim immediately. If it is determined that the claim cannot be located within a reasonable time, the participant will be informed that the tracer will be processed as a written request.

#### **2. Written Requests**

Written CTRs may be made after 10 workdays from the date a claim was submitted to the service contractor. The request should include the following information:

- Name and address of participant.
- Certification number and/or applicable identification number.
- Reporting period.
- Amount of the claim submitted.
- Date the original report was submitted.
- Request in writing for the status.
- Form Serial Number(s) (FSN) of the claim(s) submitted.

Written CTRs will receive a written response from the Liaison staff.

### **D. Participant Correction Request (PCR)**

In the event a claim is submitted containing errors that cannot be corrected by a phone call from the service contractor, the applicable shipping report and/or processor invoice will be placed in a suspense status and a PCR will be generated. Recyclers and processors have 48 hours from the time of notification, via telephone or fax, to correct the shipping report and/or processor invoice, otherwise the claim will be denied and returned to the participant.

## GENERAL PROGRAM POLICIES AND PROCEDURES

For your reference, a sample PCR is shown on page 9 of this section.

### E. Error Transmittal Report (ETR)

As shipping reports and processor invoices are processed, various edits are performed to verify the accuracy of data submitted and to ensure that duplicate payments are not made.

The ETR contains information relevant to the report submitted for the reporting period. In the event that an error was made on the report (e.g., calculations, missing field, etc.) which can be corrected either by a phone call to the participant or through edits within the system, the error and corrective action are documented on an ETR. A second copy of this notice, sent to the applicable shipping recycler, also contains the material type, processor's name, and the recycler's name and identification number. Note: ETR's may result in an amended DR-6 and DR-7.

For your reference, samples of ETRs sent to the shipping recycler and receiving recycler/processor are shown on pages 10 and 11 of this section.

### F. Notice of Denial (NOD)

A NOD is sent to program participants who have had their requests for program payments denied, for reason(s) indicated on the notice. With respect to handling fees, a NOD will be sent for each denied site and will explain why the site was denied for the applicable month. (14CCR, Section 2000(a)(32.4))

When a document is filled out incorrectly and cannot be corrected by the service contractor, the ORIGINAL document will be returned to the participant with a NOD. It is the responsibility of the participant receiving the NOD to resubmit the original document with corrections for processing. **No follow-up will be initiated by the service contractor.**

When a denied shipping report is resubmitted for payment, and the denied shipping report was an attachment to another shipping report, a **new** cover shipping report must also be submitted with the denied shipping report. Any denied shipping report that is resubmitted for payment must be attached to a new processor invoice and a copy of the NOD. The processor invoice must be marked "Supplemental." Please refer to item G below for specific information regarding supplemental reports.

For your reference, a sample of a NOD is shown on page 12 of this section.

### G. Supplemental Invoices and Partial Payment Policy and Procedures

In an effort to streamline and expedite the payment process for processor invoices, the Division has adopted a partial payment policy. The service contractor will process for

## GENERAL PROGRAM POLICIES AND PROCEDURES

payment the "correct portion" of a processor invoice. The "correct portion" is determined by including **only** those shipping reports that pass all system edits required by the Division.

Examples of system edits include, but are not limited to:

- ORIGINAL signatures of both parties are present on shipping reports.
- All participants (shipper and receiver) must have a valid certification number.
- The shipper must be certified for the entire period indicated by the receipts and logs dates (i.e., if a shipper is not certified until January 10, 2006, the beginning date of the receipt and log period must be on or after that date).
- The received date on the shipping report must be within the reporting period of the processor invoice report to which it is attached.

Should a shipping report fail one of these or other edit criteria, the ORIGINAL shipping report will be returned to the processor with a NOD.

In order for denied shipping reports to be considered for payment, the ORIGINAL denied shipping report should be returned, with corrections, and of copy of the associated NOD, must be returned with a NEW processor invoice. The NEW processor invoice must cover the same reporting time period.

**“Supplemental Processor Invoice”** means a report to correct any shipping report(s) denied (NOD) on the original processor invoice and/or a report to add any shipping report(s) to the original processor invoice for transactions that occurred within the same reporting time period. (14CCR, Section 2000(a)(47.1))

**NOTE: Processors shall be allowed to submit no more than four supplemental processor invoices per material type, per original processor invoice, provided each it is submitted no later than forty-five (45) days from the following events:**

1. The due date of the original processor invoice that the supplemental processor invoice covers, if it is for new shipping reports not previously submitted with the original processor invoice being supplemented; or
2. The date appearing on the NOD if the reports were previously denied or if the reports are a combination of new shipping reports not previously submitted with the original processor invoice and previously denied shipping reports. (14CCR, Section 2425(a)(2))

The following is an example of the procedures described above:

- A processor sends an invoice for the period 01-01-2006 through 01-15-2006 with 100 shipping reports attached.
- After processing (keying and verification of the data), three shipping reports are denied due to errors found.
- The service contractor verifies that no keying errors were made and sends 97 shipping reports through for payment.

## GENERAL PROGRAM POLICIES AND PROCEDURES

- The processor invoice is adjusted to eliminate the three denied shipping reports.
- An ETR is generated to notify the processor of changes made.
- The three shipping reports that have errors are returned to the processor with a NOD, explaining the reason(s) the reports were denied.
- It is the processor's responsibility to review these errors, correct them and submit a **new** processor invoice marked "supplemental" with the three corrected denied shipping reports and any new shipping reports for the same reporting period. The supplemental invoice must reflect the January 1, 2006 through January 15, 2006 reporting period and be postmarked no later than 45 days from the date on the NOD.
- A second supplemental processor invoice per material type, per original reporting period shall be allowed, provided it is submitted no later than six months from events 1 & 2 above.

### H. Amended Reports

**"Amended Processor Invoice"** means an invoice submitted by a processor correcting an original report that has been **PROCESSED AND PAID**. (14CCR, Section 2000(a)(2.1))

**"Amended Shipping Report"** means a shipping report submitted by a processor correcting an original shipping report that has been processed and paid. (14CCR, Section 2000(a)(2.2))

Amendments apply only to processor invoices and their attachments. To submit amended shipping reports, submit a new shipping report(s) replacing each one that was in error, a new cover shipping report (if applicable), and a new processor invoice.

**NOTE: Processors shall be allowed to submit no more than two amended processor invoices per material type, per original processor invoice, provided each is submitted no later than (90) days after the due date of the original processor invoice being amended.** (14CCR, Section 2425(a)(3))

**Complete the new documents with the full amounts that should have been originally reported on the DR-6 and DR-7.** On both the new shipping report(s) and the new processor invoice check the box for "Amendment To" and record the FSN of the original report which was submitted in error. **Please do not submit amended reports with reports that have not been processed by the service contractor.**

### I. Participant Appeals

A participant with a grievance or complaint concerning payment or denial of shipping report and/or processor invoice claims must submit a written appeal to the Department at the following address:

## GENERAL PROGRAM POLICIES AND PROCEDURES

**Department of Conservation**  
**Division of Recycling**  
Industry Services Branch  
801 K Street, MS15-59  
Sacramento, CA 95814-3533

Appeals should be submitted in writing to the Division, signed by the authorized representative or a designee. In order to properly process the appeal, the letter should contain the following:

- Copy of the disputed claim.
- Copy of the remittance advice, or NOD.
- Reason for the appeal.
- Supporting documentation for appeal.

**Appeals for denial of Handling Fee Applications (DR-14):** Recycling centers must submit a formal appeal in writing within 30 calendar days of the warrant date of the payment or the date of the NOD. Appeals submitted after this time will be rejected. All written appeals must include all of the following:

- A list of applicable certification numbers and corresponding facility addresses.
- The corresponding convenience zone number(s).
- The month(s) and year(s) in question.
- The rejected, original DR-14(s) and NOD(s), if this is an appeal of a denial.
- A copy of the remittance advice, if this is an appeal of a payment determination.
- A short explanation of why you believe the determination was in error.
- Any other documentation that supports your appeal.

A written decision on the appeal will be sent to the participant within 15 working days of receipt of the appeal. (14CCR, Section 2519(b))

### **J. Adjustments to Previously Processed Claims**

If an approved appeal results in a change to the amount paid on a claim, an adjustment will be processed when the participant submits an amendment to the original processor invoice.

### **K. Billing Instructions**

The Department must be invoiced using the appropriate reporting forms within the specific time frames following the end of the reporting period. For details, please refer to the particular section of this manual that pertains to your type of operation (e.g., shipping recycling center, receiving recycling center, processor, etc.).

## **GENERAL PROGRAM POLICIES AND PROCEDURES**

### **L. Ordering Forms**

A supply of Shipping Reports (DR-6), Processor Invoice Reports (DR-7), and Handling Fee Application Reports (DR-14) will be sent to you upon receipt of a written request, fax, or telephone call to:

**IKON Business Information Services**  
3062 Prospect Park Drive, Suite A  
Sacramento, CA 95670  
Attn: PRPS UNIT - Order Department  
(916) 852-1010  
FAX (916) 638-0909

### **M. Records Retention**

Records of certified recyclers, processors, curbside, dropoff or collection and community service programs, shall be kept at the organization's business address identified in the certification application. All records are subject to audit by the Department and must be retained for at least five years following their preparation (**14CCR, Section 2085(b)**). Records may be moved to and kept at a different location if written notification is given to the Division. Such notice shall be submitted no less than 10 days prior to any change in location or establishment of a new location. (**14CCR, Section 2085(a)(1-3)**)

### **N. Sample PCR, ETR and NOD Forms / Notice Keys**

Samples of blank PCR, ETR and NOD forms can be found on pages 9-12 of this section. PCRs are typically issued by the service contractor only when a document is missing an original signature. ETRs are issued when corrections are made to applicable reports during processing. NODs are issued when significant errors and/or omissions are made on reports that cannot be corrected by the service contractor.

Two keys designed to assist in understanding "data in error" information presented on applicable ETR and/or NOD forms can be found on pages 13 and 15 of this section. The field numbers listed on the keys correspond to numbered data fields on the processor invoice and shipping report found on pages 14 and 16 of this section.

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
PARTICIPANT CORRECTION REQUEST**

Date:

To:

ID#:

Material:

Processor Name:  
Processor CCN:  
DR-07 Ref#:  
Shipper Name:  
Shipper ID:  
Shipper CCN:  
DR-06 Ref#:  
Period Covered:

The referenced report contains errors. Please sign and date your response in the area below. This report will be denied if not corrected within 48 hours from the date of this request. If the report is denied, the remaining correct Shipping Report(s) attached to the Processor Invoice will be processed under the partial payment procedures. Please call (916) 852-1010 if you have any questions.

Data in Error	Explanation of Errors	Corrected Information

I certify that the corrected information is true, accurate, and complete.

Signature of Participant or Person Authorized by Participant

Date

PCRS (01/96) Batch:

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
ERROR TRANSMITTAL REPORT**

Date:

Name:  
Processor CCN:  
DR-07 Ref#:  
Shipper Name:  
Shipper CCN:  
DR-06 Ref#:  
Shipper ID:  
Period Covered:

To:

ID#:                      Material Type:

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error

**THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO IKON BUSINESS INFORMATION SERVICES. A Copy of this document has been forwarded to the shipping recycler. If you have any questions regarding these changes, please call IKON at (916) 852-1010.**

ETRPS (01/96)

Batch:

REC:



DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
ERROR TRANSMITTAL REPORT

Date:

Name:

To:

CCN:

Ref#:

ID#:                      Material Type:

Period Covered:

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error

**THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO IKON BUSINESS INFORMATION SERVICES. If you have any questions regarding these changes, please call IKON at (916) 852-1010.**

ETRPS (01/96)

Batch:

REC:

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
NOTICE OF DENIAL**

Date:

To:

Name:  
Processor CCN:  
DR-07 Ref#:  
Shipper Name:  
Shipper CCN:  
DR-06 Ref#:  
Shipper ID:  
Period Covered:

ID#:                      Material:

The referenced Shipping Report submitted to the Department of Conservation contains errors. In order to be reconsidered for payment, the necessary corrections must be made. It is the processor's responsibility to review these errors, and upon resolution, insure that these original errors are corrected properly. If you have any questions, please call (916) 852-1010 between the hours of 8:00 a.m. - 5:00 p.m., Monday through Friday for assistance.

Data in Error	Data Reported	Reason(s) for Denial

The original denied report or a revised version of the report must be sent as a new submission. A supplemental Processor invoice is to be included which is a summary of the attached Shipping Report(s) that are being resubmitted. Please be advised that the supplemental Processor Invoice and Shipping Reports that are returned to IKON Business Information Services will not be considered for payment unless they are complete and accurate.

NODS (01/96)    Batch:

## GENERAL PROGRAM POLICIES AND PROCEDURES

### Notice Key for Processor Invoice (DR-7)

FIELD NO.	DATA IN ERROR
2	POSTMARK
3	PARTICIPANT NAME
7	MATERIAL-TYPE
8	SHPNG RPTS - ATCHD
10	PERIOD - FROM
10	PERIOD - THRU
11	PARTICIPANT - ID
13	RECEIVED - WT
14	RDMPN - WT
15	REFUND - PAID
16	ADMIN - FEE
17	PROCSG - PYMT
18	TOT - REFUND - PAID
19	TOT - PROCSG - PYMT
20	TOT - ADMIN - FEE
21	TOT - AMOUNT - DUE
22	SIGNTR - TITLE- IND
24	DATE - SIGNED

# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

DR-7 (1/95 )

## FOR STATE USE ONLY

CCN

1

## FOR STATE USE ONLY

POSTMARK DATE

2

NAME	3
ADDRESS	3
	4
CONTACT PERSON	5
TELEPHONE NUMBER	

MATERIAL TYPE	7
# OF SHIPPING REPORTS ATTACHED	8
CHECK ONE:	<input type="checkbox"/> FOR RECYCLING <input type="checkbox"/> NOT FOR RECYCLING
REPORTING PERIOD	<input type="text"/> 10 <input type="text"/> THRU <input type="text"/> 10 <input type="text"/>
CERT. #	11

6 SUPPLEMENTAL TO

OR FSN

			6			
--	--	--	---	--	--	--

6 AMENDMENT TO

12 CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE : \_\_\_\_\_

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
13	14	15	16	17

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	18
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	19
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	20
GRAND TOTAL DUE	21

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

22  
PROCESSOR'S SIGNATURE/TITLE

FOR STATE USE ONLY

23

24  
DATE

05/01/06

SECTION II - 14

## GENERAL PROGRAM POLICIES AND PROCEDURES

### Notice Key for Shipping Report (DR-6)

FIELD NO.	DATA IN ERROR
3	SHPRFLTY
4	SHIPPER ID
9	RCVRFLTY NAME
10	RECEIVER ID
11	MATERIAL - TYPE
13	RL - RDMPTN - WT
14	RL - REFUND - VALUE
15	SCR - RDMPTN - WT
16	SCR - REFUND - VALUE
17	TOT - RDMPTN - WT
18	TOT - REFUND - VALUE
19	PERIOD FROM
20	PERIOD THRU
21	SHPNG - RPTS - ATCHD
22	RPA WT TICKET
23	RPA - DATE
24	RPA RCVD WT
25	RPA REFUND VALUE
26	RPA PROCSG PYMT
27	RPA SUBTOTAL
28	PCT REDUCTN TAKEN
29	RPA ADMIN FEE
30	RPA TOT PYMT DUE
31	QGIP
33	SHPR SIGN TITLE IND
34	SHPR PRINT
35	SHPR DATE SIGNED
36	RCVR SIGN TITLE IND
37	RCVR PRINT
38	RCVR - DATE - SIGNED

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

FOR STATE USE ONLY

**8**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHONE  
NUMBER**6**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> .	<b>14</b> .
FROM Shipping Reports or Consolidated Reports	<b>15</b> .	<b>16</b> .
TOTAL	<b>17</b> .	<b>18</b> .

Receipt &amp; Log Entries For

**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .

## COMPLETED BY RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Received  
Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**36**

Receiver's Signature/Title

**34**

Shipper's Printed Name

**37**

Receiver's Printed Name

**35**

Date

**38**

Date

**39**

05/01/06

SECTION II - 16

# **CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES**

## **SECTION III – Certified Recycler Payment and Reporting Procedures**

### **A. Definitions**

**"Recycling Center"** means an operation certified by the Department and which accepts and pays refund value to consumers for empty beverage containers. **(PRC Section 14520)** Recycling Center also includes a Rural Region Recycler **(PRC Section 14525.5.1)** and a Nonprofit Convenience Zone Recycler. **(PRC Section 14514.7)**

**"Shipping Report"** is the documentation of the receipt of material by a processor, or by a recycling center, from another recycling center, dropoff or collection program, community service program, or curbside program. The shipping report is the basis for payments made by the Division to a certified processor for reimbursement of funds paid to shipping recyclers. **(14CCR, Section 2000(a)(44))**

### **B. Procedures for Completing Reporting Forms**

This manual is designed to be a step-by-step reference manual for certified recycling centers and processors to use when completing applicable shipping reports and processor invoices. This manual does not cover the various operating, recordkeeping, and accounting requirements with which certified recycling centers and processors must comply (e.g., load inspections, receipts/logs preparation, daily summary preparation, etc.). Please refer to Title 14 of the California Code of Regulations.

**NOTE: If you have questions concerning preparation of receipts and logs, daily summaries and/or shipping reports or the associated regulations, please feel free to contact the Recycler Training and Review unit or the Division's Audits Field Office in your area at the applicable phone number listed below:**

#### **Los Angeles Field Office - (310) 342-6100**

(Los Angeles, Ventura, Santa Barbara, San Luis Obispo and Kern counties)

#### **San Diego Field Office - (619) 525-4274**

(San Diego, Orange, Imperial, Riverside and San Bernadino counties)

#### **Sacramento Field Office - (916) 327-2792 or (916) 323-3008**

(All other California counties)

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

### 1. Shipping Reports (DR-6)

Records of transactions between any certified entity and recycling centers, curbside programs and recycling centers, and from recycling centers to processors are maintained in the form of a shipping report.

**NOTE: For shipments of aluminum, plastic, and bimetal the original shipping report must accompany the shipment of materials to the recycling center or processor. For shipments of glass materials, the recycler has the option of submitting a completed report upon delivery or preparing and submitting the shipping report after the received weight is obtained. (14CCR, Section 2530(b) & (b)(1)) Shipping reports from recycling centers must always be based on logs and receipts. (14CCR, Section 2530(c))**

All shipping reports must be completed in accordance with the following processing requirements:

- All dollar figures must be entered in U.S. currency.
- All weights must be expressed in pounds, to a maximum of one decimal place.
- Reports **must be signed** (original signature) and **dated** by the shipping entity and the receiving recycling center or processor.
- A separate shipping report must be prepared for each material type delivered.

#### **(a) Procedures for Completing DR-6 by Recycling Center**

**NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 6 and a sample of a completed DR-6 can be found on page 7 of this section.**

**RECYCLER PAYMENT REQUEST INFORMATION MUST BE COMPLETED BY SHIPPING RECYCLER:**

**Items 1-2: CCN - Do not enter any information for these items.** These items are to be completed by the service contractor.

#### **Item 3: *Company Name and Address (Shipper)***

***Name*** - Enter the organization/facility name **exactly as it appears on the certificate issued by the Division. Do not abbreviate.**

***Address*** - Enter facility address, city, state, and zip code **exactly as it appears on the certificate issued by the Division.**

**Item 4: *Shipper's Certification Number*** - Enter the certification number of the recycling center. This is a two-digit alpha, four or five digit numeric



## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

identification number. The following is an example of an applicable certification number:

RC\_\_ \_\_ \_\_ \_\_ \_\_ = Recycling Center

**NOTE: The shipper must be a certified entity for the entire receipts and logs time period indicated on the shipping report in order to receive reimbursement of program payments.**

- Item 5: *Contact Person*** - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.
- Item 6: *Telephone Number*** - Enter the area code and phone number of the contact person.
- Item 7: *Do not enter any information for this item.*** This item is to be completed by the service contractor.
- Item 8: *Do not enter any information for this item.*** This item is to be completed by the Department's Accounting Office.
- Item 9: *Company Name (Receiver)*** - Enter the name of your company, **exactly as it appears on the certificate issued by the Division.**
- Item 10: *Receiver's Certification Number*** - Enter the certification number of the recycling center or processor receiving the material.

R C \_\_ \_\_ \_\_ \_\_ \_\_ and P R \_\_ \_\_ \_\_ \_\_ \_\_ are the only valid receiver types.

**NOTE: The receiver must be a certified entity at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.**

- Item 11: *Material Type*** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: A Separate Shipping Report Must Be Prepared for Each Plastic Resin Type Delivered.**

- Item 12: *Amendment to FSN (Form Serial Number)*** - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Be sure to include the form serial number (Item 39) of the shipping report being amended. Please refer the Section II,

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.

- Item 13: *From Receipts and Logs, Redemption Weight (lbs.)*** - Enter the applicable redeemable material weight rounded to the nearest tenth of a pound (i.e., 200.85 = 200.9, 200.84 = 200.8).

**NOTE: The refund value entered in Item 14 divided by the applicable segregated refund value per pound rate in effect during the receipt and log dates entered should equal the redemption weight.**

- Item 14: *From Receipts and Logs, Refund*** - Add the refund value payments made and recorded on the daily summaries for the receipt and log period dates noted in Items 19 and 20 and enter the total here.

- Item 15: *From Shipping Reports or Consolidated Reports, Redemption Weight (lbs.)*** Add the total redemption weight of the shipping reports and consolidated reports, if any, received from other certified recycling programs, or curbside programs, and enter the total here. Be sure to attach the applicable shipping reports and/or consolidated shipping reports.

**NOTE: If completing this item, you must have DR-6 report and/or consolidated reports attached.**

If program payments were reduced on the attached shipping reports or on consolidated shipping reports because the redemption weight exceeded the received weight by more than 2.5%, be sure to enter received weight or adjusted redemption weight.

- Item 16: *From Shipping Reports or Consolidated Reports, Refund*** - Add the refund value payments (Item 25) recorded on the attached shipping reports or consolidated reports (see Item 17 in Section VI) and enter the total here.

**NOTE: The refund value entered in item 16 divided by the applicable segregated refund value per pound rate should equal the redemption weight.**

- Item 17: *Total*** - Add Item 13 and Item 15, enter total in Item 17.

- Item 18: *Total*** - Add Item 14 and Item 16, enter total in Item 18.

**NOTE: Enter the total in the field even if only one of the above lines is used.**

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

**Items 19-20: *Receipts and Log Entries For*** - Enter the applicable dates from the daily summaries used to calculate the refund value in Item 14.

**NOTE: The shipper must have been certified and operational during the receipts and logs dates indicated. Furthermore, the dates must not overlap a period previously reported for the same material type by more than one day. Item 19 - 20 only applicable to materials reported in items 13 & 14.**

**Item 21: *Number of Attachments or Consolidated Shipments*** - Enter the number of shipping reports attached to this report and/or the number of shipments (line items) summarized on the consolidated shipping report detail form. For consolidated shipping reports, count each line item. **NOTE: Do not count this shipping report -- count only the total number of reports and/or line items that are attached to this report.**

### **RECEIVER PAYMENT ANALYSIS:**

**Items 22-32: *Do not enter any information for these items.*** Only the receiver of the material may enter information for these items.

**Items 33-35: *Shipper's Signature/Title, Printed Name and Date*** - The authorized representative of the shipper's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the ending date indicated for the receipt and log period (Item 20).

**Items 36-38: *Receiver's Signature/Title, Printed Name and Date*** - These items should remain blank. Only the receiver of the material may enter information for these items.

**Item 39: *Form Serial Number (FSN)*** - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

**NOTE: Rates used in examples are based on 01/01/06 rates. Rates are subject to change.**

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## FOR STATE USE ONLY

**8**

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHONE  
NUMBER**6**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> .	<b>14</b> .
FROM Shipping Reports or Consolidated Reports	<b>15</b> .	<b>16</b> .
TOTAL	<b>17</b> .	<b>18</b> .

Receipt &amp; Log Entries For

**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .

## COMPLETED BY RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Received  
Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**34**

Shipper's Printed Name

**35**

Date

**36**

Receiver's Signature/Title

**37**

Receiver's Printed Name

**38**

Date

**39**

05/01/06

SECTION III - 6

## FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

## FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME

ABC RECYCLERS

ADDRESS

500 Orange Ave

Sacramento, CA 95814

CERT. #

RC0001

CONTACT  
PERSON

Joe Smith

TELEPHONE  
NUMBER

(916) 799-0001

## RECEIVER INFORMATION

COMPANY  
NAME

International Processors

CERT. #

PR9966

MATERIAL  
TYPE

Aluminum

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	1,500.0	\$1,860.00
FROM Shipping Reports or Consolidated Reports		
TOTAL	1,500.0	\$1,860.00

Receipt &amp; Log Entries For

01 05 06

Thru

01 12 06

Number of Attachments  
or Consolidated Shipments

## COMPLETED BY RECEIVER

Weight Ticket #

Received Wt. (Lbs.)

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

				ADMINISTRATIVE FEE			
Received Date:		Completed by receiver only:		% of Reduction Taken		TOTAL PAYMENT DUE	
				QGIP		% OF SHRINKAGE	

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Joe Smith / CEO

APPROVED FOR PAYMENT Shipper's Signature/Title

Joe Smith

Shipper's Printed Name

01/13/06

Date

Receiver's Signature/Title

Receiver's Printed Name

Date

60085644

05/01/06

SECTION III - 7

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

### (b) Procedures for Completing DR-6 by Recycling Center When Receiving Material from Recycling Center

Based on materials received from Certified Recycling Centers the receiving recycling center will inspect the material and produce a weight ticket. The receiving recycling center will compute and pay the refund value for the materials received and provide the shipper with a copy of the shipping report and weight ticket as a receipt. **Note: When material is received from other certified entities, even if affiliated, it must be weighed (14CCR, Section 2530(g))**

**NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 12 and a sample of a completed DR-6 can be found on page 13 of this section.**

#### **RECYCLER PAYMENT REQUEST INFORMATION:**

**Item 1-2: CCN - Do not enter any information for these items.** These items are to be completed by the service contractor.

**Items 3-21: These items are to be completed by the shipper.** A receiving recycling center completes these fields only when completing the shipping report on behalf of a dropoff or collection, curbside, or community service program. Please refer to page 14 of this section for further instructions.

In the event errors are made in the ***Recycler Payment Request Information*** section of the shipping report, a receiving recycling center may adjust the refund values reported **only** when the requested payment exceeds the maximum allowable payment for the redemption weight reported. **NOTE: The redemption weights and receipt and log reporting dates, however, should never be changed without permission from the shipping recycler.**

To indicate any changes made to the shipping report prior to submission to the service contractor line out the incorrect figure, write in the corrected figure, and initial and date the change. If change requires permission of recycler, indicate the person authorizing change.

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

### **RECEIVER PAYMENT ANALYSIS:**

**Item 22: *Weight Ticket #*** - Upon receipt of material, the receiving recycling center weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. Copies of all weight tickets used must be provided to shipping recycler and attached to receiving recyclers' copy of DR-6. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.)

**Item 23: *Received Date*** - Enter the date that the materials were received. This date should match the date recorded on the receiver's weight ticket. NOTE: The received date must be on or after the ending date shown in the receipt and log period. Also, the receiver of the materials must be certified at the time of delivery in order to be reimbursed program payments paid to the shipper.

**Item 24: *Received Weight*** - Record the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The deduction must be shown on the weight ticket.

At this point, the receiving recycling center should determine if the received weight appears appropriate for the material delivered. If it does not, the receiving recycling center may choose to contact the shipper to verify that the shipping report was accurately completed.

If the redemption weight claimed by the shipper exceeds the received weight by more than 2.5%, the refund value must be reduced proportionately. (See Item 25 below).

**Item 25: *Refund Value (C)*** - The receiving recycling center shall pay the reported refund value (Item 18) provided that the refund value is appropriate for the redemption weight reported (i.e. redemption weight x segregated CRV rate per pound = refund value) and the redemption weight does not exceed the received weight by more than 2.5%.

The following is an example of the calculations used to determine if a reduction in the refund value claimed is warranted:

**Total Redemption Weight (Item 17) / Total Received Weight (Item 24) (e.g., 1,500/1460.3 = 1.027186)**

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

The result of this calculation must be rounded to three decimal places (e.g., 1.027186 = 1.027). Enter 1.027 for Item 28.

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025); therefore the refund value claimed must be reduced.

**NOTE: When the redemption weight exceeds the received weight by more than 2.5% (1.025), the receiver shall make payment based on the received weight as follows:**

The total received weight multiplied by the segregated CRV rate per pound.

Example: If the Received Weight (Item 24) = 1,460.3 and the segregated CRV rate per pound = \$1.24 then,  
 $1,460.3 \text{ lbs.} \times \$1.24 = \$1,810.77$ .

The correct refund value is \$1,810.77 (Item 25)

- Item 26: *Processing Payment (D)*** - This item should remain blank. Processing payments are only payable if the receiver is a certified processor and there is a processing payment in effect for the material type being shipped.
- Item 27: *Subtotal Due (C + D)*** - Enter the total refund value listed for Item 25.
- Item 28: *% of Reduction Taken*** - If the refund value paid was reduced from the refund value requested by the shipping recycling center due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (i.e., 2.7% = 1.027). To verify the % reduction taken, divide the refund value requested (Item 18) by the refund value paid (Item 25).
- Item 29: *Administrative Fee*** - This item should remain blank. Administrative fees are only payable if the receiver is a certified processor.
- Item 30: *Total Payment Due*** - Enter the total of Items 27 and 29. For receiving recycling centers, this amount will be equal to the amount shown in Item 27.
- Item 31: *Quality Glass Incentive Program*** - This item should remain blank. This box is completed when the receiving recycling center prepares a shipping report on behalf of a curbside program for qualification for the Quality Glass Incentive Payment.



## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

**Item 32: % of Shrinkage** - This item should remain blank. This item is completed when the receiving recycling center prepares a shipping report on behalf of dropoff or collection, curbside, or community service programs.

**Items 33-35: Shipper's Signature/Title, Printed Name and Date** - The authorized contact person of the shipper's business shall sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the ending date indicated for the receipt and log period (Item 20).

**Items 36-38: Receiver's Signature/Title, Printed Name and Date** - The authorized representative of the receiver's business must sign, print name and date the shipping report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. This date must be on or after the received date (Item 23).

**Item 39: Form Serial Number (FSN)** - This number helps to identify a specific report. When making inquiries or amending reports, this number must be included in the correspondence.

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

**8**

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHONE  
NUMBER**6**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> .	<b>14</b> .
FROM Shipping Reports or Consolidated Reports	<b>15</b> .	<b>16</b> .
TOTAL	<b>17</b> .	<b>18</b> .

Receipt &amp; Log Entries For

**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .

## COMPLETED BY RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Received  
Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**34**

Shipper's Printed Name

**35**

Date

**36**

Receiver's Signature/Title

**37**

Receiver's Printed Name

**38**

Date

**39**

## FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

## FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME

ABC RECYCLERS

ADDRESS

500 Orange Ave

Sacramento, CA 95814

CERT. #

RC0001

CONTACT  
PERSON

Joe Smith

TELEPHONE  
NUMBER

(916) 799-0001

## RECEIVER INFORMATION

COMPANY  
NAME

"The Right Stuff" Recycling

CERT. #

RC0002

MATERIAL  
TYPE

Aluminum

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	1,500.0	\$1,860.00
FROM Shipping Reports or Consolidated Reports		
TOTAL	1,500.0	\$1,860.00

Receipt &amp; Log Entries For

01 05 06

Thru

01 12 06

Number of Attachments  
or Consolidated Shipments

## COMPLETED BY RECEIVER

Weight Ticket #

2001

Received Wt. (Lbs.)

1,460.3

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

\$1,810.77

Processing Pymt. (D)

Subtotal Due (C+D)

\$1,810.77

ADMINISTRATIVE  
FEE

\$1,810.77

Received  
Date:

01 12 06

Completed by  
receiver only:

1.027

% of  
Reduction Taken

TOTAL PAYMENT DUE

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Joe Smith / CEO

APPROVED FOR PAYMENT Shipper's Signature/Title

Wally Wanka / Manager

Receiver's Signature/Title

Joe Smith

Shipper's Printed Name

Wally Wanka

Receiver's Printed Name

01/12/06

Date

01/12/06

Date

60085643

05/01/06

SECTION III - 13

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

### (c) Procedures for Completing DR-6 by Recycling Center When Receiving Material from Dropoff or Collection, Curbside, or Community Service Program

Based on materials received from dropoff or collection, curbside, or community service programs, the receiving recycling center will inspect the material, produce a weight ticket and prepare a shipping report on behalf of the shipping entity. The receiving recycling center will compute and pay the refund value for the materials received and provide the shipper with a copy of the shipping report and weight ticket as a receipt.

**NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 20 and a sample of a completed DR-6 can be found on page 21 of this section.**

#### **RECYCLER PAYMENT REQUEST INFORMATION:**

**Item 1-2: CCN - Do not enter any information for these items.** These items are to be completed by the service contractor.

**Item 3: *Company Name and Address (Shipper)***

**NAME** - Enter the name of the organization/program selling materials to you **exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.**

**ADDRESS** - Enter organization/program address, city, state, and zip code of the organization **exactly as it appears on the certificate/approval letter issued by the Division.**

**Item 4: *Shipper's Certification or Identification Number*** - Enter the applicable identification number of the group shipping the material to you. This is a two-digit alpha, four-digit numeric certification/identification number. The following are examples of certification/identification numbers:

C P \_ \_ \_ \_ = Dropoff or **C**ollection **P**rogram

C S \_ \_ \_ \_ = **C**urbside Program

S P \_ \_ \_ \_ = Community **S**ervice **P**rogram

**Item 5: *Contact Person*** - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

**Item 6: *Telephone Number*** - Enter the area code and phone number of the contact person.

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

- Item 7: ***Do not enter any information for this item.*** This item is to be completed by the service contractor.
- Item 8: ***Do not enter any information for this item.*** This item is to be completed by the Department Accounting Office.
- Item 9: ***Company Name (Receiver)*** - Enter the name of the company, **exactly as it appears on the certificate issued by the Division.**
- Item 10: ***Receiver's Certification Number*** - Enter the certification number of the recycling center receiving the material.

R C \_ \_ \_ \_ \_ is the only valid receiver type.

**NOTE: The receiver of the material must be a certified recycling center at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.**

- Item 11: ***Material Type*** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: A Separate Shipping Report Must Be Prepared For Each Plastic Resin Type Delivered.**

- Item 12: ***Amendment to FSN (Form Serial Number)*** - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Include the form serial number (Item 39) of the shipping report being amended. Please refer to Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.
- Items 13-16: ***Do not enter any information for these items.*** These items are **not** completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.
- Item 17: ***Total Redemption Weight*** - Total redemption weight is the weight of **redeemable** containers only (CRV containers) and must be rounded to the nearest 1/10th of a pound (i.e., 200.85 = 200.9, 200.84 = 200.8).

**NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate, or a Division approved individual program commingled rate.**

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

In order to properly calculate redemption weight, you must first calculate the refund value (Item 25). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight. See “% of Shrinkage” in Item 32 for an example of calculating and deducting shrinkage from the refund value.

The following is an example of the refund value and redemption weight calculations for a curbside program assuming payment is based on a statewide average commingled rate of \$0.04 per pound for glass and no excessive contamination and/or shrinkage is present in the load:

- A load of glass is delivered to a recycler; the received weight is 15,500 pounds.
- Multiply the received weight by the commingled rate per pound for curbside programs.

$$15,500 \times \$0.04 = \$620.00$$

\$620.00 is the refund value (Item 25)

- Divide the refund value in item 25 by the applicable segregated per pound rate for recycling centers.

$$\$620.00 / \$0.081 = 7,654.3 \text{ pounds.}$$

7,654.3 pounds is the total redemption weight in this example.

**NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.**

**Items 18-21: Do not enter any information for these items.** These items are to remain blank when a shipping report is being completed on behalf of dropoff or collection, curbside, or community service programs.

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

### **RECEIVER PAYMENT ANALYSIS:**

**Item 22: *Weight Ticket #*** - Upon receipt of material, the receiving recycling center weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

**Example:** 1,000 pounds of glass is received in a single load for CS9998 and CS9999; the weight ticket number is **1234**. 700 pounds of the received weight is allocated to CS9998. The remaining 300 pounds of received weight is allocated to CS9999. The weight ticket number for CS9998 would be recorded as **1234a** and for CS9999 it would be **1234b**.

**Item 23: *Received Date*** - Enter the date on which the materials were received. This date should match the date recorded on the weight ticket. The receiver of the materials and the shipping entity must be certified by the Division on the date of delivery and must have notified the Division in writing that they are operational. Curbside programs must be registered with the Division on this date.

**Item 24: *Received Weight*** - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The deduction must be shown on the weight ticket. The received weight is used to determine the redemption weight indicated in (Item 17) of the shipping report.

**Item 25: *Refund Value (C)*** - Multiply the total received weight (Item 24), minus shrinkage % (Item 32), if any, times the commingled rate per pound for the material type reported and enter the result. See Item 32 for an example of the refund value calculation when excessive contamination/shrinkage is present in the load.

**(Received Weight (Item 24) - Shrinkage % (Item 32)) x Statewide Average Commingled Rate Per Pound = Refund Value**

If the shipping entity has a Division approved individual program commingled rate the calculation is as follows:

**(Received Weight (Item 24) - Shrinkage % (Item 32)) x Individual Program Commingled Rate Per Pound = Refund Value**

## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

**Item 26: *Processing Payment*** - This item should remain blank. Processing payments are only payable if the receiver on the shipping report is a certified processor.

**Item 27: *Subtotal Due*** - Enter the refund value

**Refund Value (Item 25) = Subtotal Due**

**Item 28: *% of Reduction Taken*** - This item should remain blank. This item is only completed when materials are received from other recycling centers.

**Item 29: *Administrative Fees*** - This item should remain blank. Receiving recycling centers do not pay administrative fees.

**Item 30: *Total Payment Due*** - Enter the total amount shown in Item 27.

**Item 31: *Quality Glass Incentive Program*** - If receiving glass materials from a curbside program, and the glass is color sorted by the shipper, enter an "S" in this item. If the glass is color sorted by the receiver, enter an "R" in this item.

**Please see Section VIII for detailed instructions and examples before completing this item.**

**NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments the glass received must be color sorted and substantially free of contamination.**

**Item 32: *% of Shrinkage*** - The percentage of shrinkage is the reduction of redemption weight due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. This factor is determined by the receiving recycling center's inspection of the load. When shrinkage is found, the percentage of shrinkage is entered here. (e.g., a recent rain has added weight of approximately 8% to the load. The percentage of shrinkage = 0.08, enter 8 in item 32).

The following is an example of the refund value (Item 25) calculation assuming payment is based on a statewide average commingled rate of \$0.04 per pound along with an 8% reduction for shrinkage:

- **A load of glass is delivered to a recycling center; the received weight is 36,000 pounds.**
- **Total adjustment percentage = 92% (100% - 8% for shrinkage)**
- **Multiply the received weight by the total adjustment percentage.**



## CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES

$$36,000 \times .92 = 33,120 \text{ adjusted weight}$$

- Multiply the adjusted weight by the commingled rate per pound.

$$33,120 \times \$0.04 = \$1,324.80$$

**\$1,324.80 is the calculated refund value (Item 25) in this example**

- Record the received weight in item 24 as 36,000 pounds. **DO NOT** reduce the received weight for the amount as shrinkage.

**Note: See Section VII for detailed instructions and examples.**

**Items 33-35: *Shipper's Signature/Title, Printed Name and Date*** - The authorized representative of the shipper's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature **must be an original**. The authorized representative may authorize someone to sign for them. This must be done in writing and a copy must be provided to the receiving recycling center and available to DOR if requested. No rubber stamps or facsimile will be accepted. Also, the signature date must be on or after the received date (Item 23).

**Items 36-38: *Receiver's Signature/Title, Printed Name and Date*** - The authorized representative of the receiver's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

**Item 39: *Form Serial Number (FSN)*** - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

**8**

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHONE  
NUMBER**6**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> .	<b>14</b> .
FROM Shipping Reports or Consolidated Reports	<b>15</b> .	<b>16</b> .
TOTAL	<b>17</b> .	<b>18</b> .

Receipt &amp; Log Entries For

**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .

## COMPLETED BY RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Received  
Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**34**

Shipper's Printed Name

**35**

Date

**36**

Receiver's Signature/Title

**37**

Receiver's Printed Name

**38**

Date

**39**

05/01/06

SECTION III - 20

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME

City Of Resource

ADDRESS

1200 Recycle Road

Resource, CA 97811

CERT. #

CS9998

CONTACT  
PERSON

Amber Sun

TELEPHONE  
NUMBER

(916) 987- 0001

## RECEIVER INFORMATION

COMPANY  
NAME

"The Right Stuff" Recycling

CERT. #

RC0002

MATERIAL  
TYPE

Glass

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports		
TOTAL	7,654.3	

Receipt &amp; Log Entries For

  

Thru

  
Number of Attachments  
or Consolidated Shipments

## COMPLETED BY RECEIVER

Weight Ticket #

10301

Received Wt. (Lbs.)

15,500.0

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

\$620.00

Processing Pymt. (D)

Subtotal Due (C+D)

\$620.00

ADMINISTRATIVE  
FEE

\$620.00

Received  
Date:

01 13 06

Completed by  
receiver only:
% of  
Reduction Taken

TOTAL PAYMENT DUE

QGIP

R

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Amber Sun / Owner

APPROVED FOR PAYMENT Shipper's Signature/Title

Wally Wanka / Manager

Receiver's Signature/Title

Amber Sun

Shipper's Printed Name

Wally Wanka

Receiver's Printed Name

01/13/06

Date

01/13/06

Date

60085650

05/01/06

SECTION III - 21

## **CERTIFIED RECYCLER PAYMENT AND REPORTING PROCEDURES**

### **2. Recycling Center Checklist**

Below is a list of items to check prior to submitting your paperwork to a processor to ensure that it has been completed correctly.

#### **Did you remember to:**

- Enter the receipt and log dates (if there is information reported in Items 13-14)?
- Ensure that the certification number is correct and VALID?
- Enter the organization/program name and address exactly as it appears on the certificate issued by the Division?
- Sign the report?
- Ensure that the signature date is on or after the received date?
- Ensure that the received date is on or after the last day of the receipt and log dates?

# CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

## SECTION IV – Certified Processors Payment and Reporting Procedures

### A. Definitions

"**Processor**" means any person, including a scrap dealer, certified by the Department who purchases or offers to purchase empty beverage containers from more than one recycling center in this State. Processors are also responsible for canceling empty beverage container(s) in a manner prescribed in Section 2000(a)(4) of the regulations. (14CCR, Section 2000(a)(35))

"**Processor Invoice**" means the report required in Section 2425 of the regulations which the Department uses to determine payment to a certified processor. (14CCR, Section 2000(a)(35.1))

### B. Payment Procedures

#### 1. Payment to Certified Recyclers

**A certified processor shall not inspect, weigh or receive a load of material subject to the act from a recycling center unless and until the shipper's section of the shipping report is completed and accompanies the load of material delivered to the certified processor's site with the exception of glass. (14CCR, Section 2401(e) & 2530(b)(1))**

The processor shall weigh and inspect the material and compare the total received weight to the total redemption weight as set forth in the shipping report. If the redemption weight claimed by the shipper **does not exceed** the received weight by more than 2.5%, the processor shall make payment based upon the **total refund value paid as documented on the shipping report**.

If the redemption weight claimed by the shipper **does exceed** the received weight by more than 2.5%, the refund value and processing payments must be reduced proportionately. Procedures for calculating the shrinkage percentage and determination of the applicable refund value payment are outlined on page 4, Item 25 of this section. **A processor must not pay refund value payments to certified recycling centers in excess of that warranted by the received weight.**

#### 2. Payment to Dropoff or Collection, Curbside, and Community Service Programs

Processors pay refund values, applicable processing payments and administrative fees to curbside programs and refund values and applicable processing payments to dropoff and collection, and community service programs, based upon the materials received as documented on the shipping report prepared by the processor.

Dropoff or collection, curbside and community service programs are only eligible to receive payment based upon a published statewide commingled rate. However, these programs may apply for, and be issued, "individual" commingled rates by the Department to be used in lieu of the applicable statewide average commingled rates.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### C. Procedures for Completing Reporting Forms

In addition to the general reporting requirements found in the Act and Regulations, all shipping reports must be completed in accordance with the following requirements:

- Processor invoices must have the applicable supporting shipping reports attached, or check the box on the processor invoice that there is nothing to report. Note: All processors are required to report monthly or, at the option of the processor up to eight times per calendar month. The reporting periods for the month must cover from the beginning to the end of the calendar month and not overlap any days.
- All reports (processor invoices and supporting attachments) must be submitted no later than the 10th day after the last day of the reporting period.
- Submit the original shipping reports and processor invoice.
- Reports must be signed (original signature) and dated by the shipping entity and the receiving recycler or processor.
- A separate shipping report must be prepared for each material type transferred.

**NOTE: Separate Shipping Reports Must Be Prepared For Each Plastic Resin Type Delivered.**

- In the event a processor is completing a shipping report on behalf of a dropoff or collection, curbside, or community service program, a separate shipping report must be prepared for each material type.
- All dollar figures must be entered in U.S. currency.
- All weights must be expressed in pounds, to a maximum of one decimal place.

#### 1. Shipping Reports (DR-6)

Upon receipt of aluminum, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6 or OTHER #7 materials from certified recycling centers, processors will be presented with a shipping report for each material type. For shipments of glass materials, certified recycling centers are allowed to submit the applicable shipping report(s) after the received weight is obtained. Attached to the shipping report may be additional shipping reports for materials received by the certified recycling center from other certified entities. The processor will complete the shipping report as outlined below and **return an exact duplicate** to the recycling center as a receipt.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### (a) Procedures for Completing DR-6 by Processor Receiving Material from Recycling Center

**NOTE:** An itemized copy of the DR-6 described in the procedures below can be found on page 7 and a sample of a completed DR-6 can be found on page 8 of this section.

#### **RECYCLER PAYMENT REQUEST INFORMATION:**

**Items 1-2: CCN - Do not enter any information for these items.** These items are to be used by the service contractor.

**Items 3-21:** These items are to be completed by the shipper. **NOTE:** It is the receiver's responsibility to ensure these fields have been completed before completing the receiver's section of the shipping report .

In the event errors are made in the ***Recycler Payment Request Information*** section of the shipping report, a receiver may adjust refund values and any other program payments reported **only** when the requested payments exceed the maximum allowable payment for the redemption weight reported. **NOTE: Redemption weights and receipt and log reporting dates, however, should never be changed without permission from the shipping recycler.**

To indicate any changes made to the shipping report prior to submission, line out the incorrect figure, write in the corrected figure, and initial and date the change. If change requires recycler permission, indicate person authorizing change.

#### **RECEIVER PAYMENT ANALYSIS:**

**Item 22: *Weight Ticket #*** - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here.

**NOTE: Only one weight ticket number is allowed per shipping report. If the material is not physically delivered to the processor, enter the weight ticket number of the entity receiving the material. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. Copies of all weight tickets should be provided to recycler and attached to processors copy of shipping report. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).**

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 23: *Received Date*** - Enter the date that the materials are received. This should be the date indicated on the weight ticket. NOTE: The receiver of the materials must be certified on the date of delivery and must have notified the Division in writing that they are operational in order to be reimbursed program payments made to the shipper. Also, this date must be on or after the ending date shown in the receipt and log period and be within the reporting period indicated on the processor invoice.

**Item 24: *Received Weight*** - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The deduction must be shown on the weight ticket.

At this point, the processor should determine if the received weight appears appropriate for the material delivered. If it does not, the processor may choose to contact the shipper to verify that the shipping report was accurately completed.

If the redemption weight claimed by the shipper exceeds the received weight by more than 2.5%, program payments must be reduced proportionately. (See Items 25-26 below).

**Item 25: *Refund Value (C)*** - The processor shall pay the shipper's reported values indicated in Item 18 provided the redemption weight reported in Item 17 does not exceed the received weight by more than 2.5%.

The following are examples of the calculations to determine if the refund value requested should be reduced:

**Total Redemption Weight (Item 17) / Total Received Weight (Item 24) (i.e.  $5,720/5,500 = 1.04$ )**

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025), therefore the refund value claimed must be reduced.

**NOTE: When the weight variance exceeds 2.5% (1.025), the receiver shall make payment based on the received weight:**

- The total received weight multiplied by the segregated CRV rate per pound.

Example: If the Received Weight (Item 24) = 5,500 pounds and the segregated CRV rate per pound = \$0.081 then,  
 $5,500 \times \$0.081 = \$445.50$



## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 26: *Processing Payment (D)*** - If there is a processing payment in effect for the receipts & logs time period indicated, enter the amount of processing payment payable.

**Redemption Weight (Item 17) x Processing Payment Rate = Processing Payment**

**NOTE: If you have reduced the refund value paid (Item 25), you must also reduce the processing payment accordingly.**

**Received Weight (Item 24) x Processing Payment Rate = Processing Payment**

**Item 27: *Subtotal Due (C + D)*** - Add the values in Items 25 and 26 and enter here.

**Refund Value (Item 25) + Processing Payment (Item 26) = Subtotal Due**

**Item 28: *Percent Reduction Taken*** - If the refund value claimed by the shipper was reduced (Item 25) due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (e.g., 4.0% = 1.040).

**Item 29: *Administrative Fee*** - Multiply the refund value by the applicable administrative fee percentage.

**Refund Value (Item 25) x Administrative Fee Rate = Administrative Fee**

All certified recycling centers and curbside programs delivering loads to the processor are eligible to receive applicable administrative fees. Collection and community service programs are not eligible.

**Item 30: *Total Payment Due*** - Add Items 27 and 29 and enter total here.

**Subtotal Due (Item 27) + Admin. Fee (Item 29) = Total Payment Due**

**Item 31: *Quality Glass Incentive Program*** - This item should remain blank. This box is completed when the receiving processor prepares a shipping report on behalf of a curbside program for qualification for the Quality Glass Incentive Payment.

**Item 32: *% of Shrinkage*** - This item should remain blank. This item is only completed for shipping reports prepared on behalf of dropoff or collection, curbside, or community service programs.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 33-35: *Shipper's Signature/Title, Printed Name and Date*** - The authorized representative of the shipper's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. The signature date must be on or after the ending date indicated for the receipt and log period (Item 20).

**Items 36-38: *Receiver's Signature/Title, Printed Name and Date*** - The authorized representative of the receiver's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. This date must be on or after the received date (Item 23).

**Item 39: *Form Serial Number (FSN)***: - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

**8**

## COMPLETED BY SHIPPER:

COMPANY NAME	<b>3</b>
ADDRESS	<b>3</b>
CERT. #	<b>4</b>
CONTACT PERSON	<b>5</b>
TELEPHONE NUMBER	<b>6</b>

## RECEIVER INFORMATION

COMPANY NAME	<b>9</b>
CERT. #	<b>10</b>
MATERIAL TYPE	<b>11</b>
<b>12</b> AMENDMENT TO FSN	<input type="text"/>

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> •	<b>14</b> •
FROM Shipping Reports or Consolidated Reports	<b>15</b> •	<b>16</b> •
TOTAL	<b>17</b> •	<b>18</b> •

Receipt &amp; Log Entries For

 **19** 

Thru

 **20** 

Number of Attachments or Consolidated Shipments

 **21** 
COMPLETED BY RECEIVER  
Weight Ticket #

## RECEIVER PAYMENT ANALYSIS

Received Date: <input type="text"/> <b>23</b> <input type="text"/>	Completed by receiver only: <input type="text"/> <b>28</b> <input type="text"/>	% of Reduction Taken	ADMINISTRATIVE FEE	Subtotal Due (C+D)
			<b>29</b>	
			TOTAL PAYMENT DUE	<b>30</b>
			QGIP	% OF SHRINKAGE
			<b>31</b>	<b>32</b>

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

<b>33</b>
APPROVED FOR PAYMENT Shipper's Signature/Title
<b>36</b>
Receiver's Signature/Title

<b>34</b>
Shipper's Printed Name
<b>37</b>
Receiver's Printed Name

<b>35</b>
Date
<b>38</b>
Date
<b>39</b>

05/01/06

SECTION IV - 7

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

## COMPLETED BY SHIPPER:

COMPANY  
NAME

ABC RECYCLERS

ADDRESS

500 Orange Ave

Sacramento, CA 95814

CERT. #

RC0001

CONTACT  
PERSON

Joe Smith

TELEPHON  
E NUMBER

(916) 799-0001

## RECEIVER INFORMATION

COMPANY  
NAME

International Processors

CERT. #

PR9966

MATERIAL  
TYPE

Glass



AMENDMENT TO FSN

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## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	5,720.0	\$463.32
FROM Shipping Reports or Consolidated Reports		
TOTAL	5,720.0	\$463.32

Receipt & Log Entries  
For

01 05 06

Thru

01 12 06

Number of Attachments  
or Consolidated Shipments
COMPLETED BY  
RECEIVER

## RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

12001

5,500.0

\$445.50

\$228.14

\$673.64

ADMINISTRATIVE  
FEE

\$3.34

Receive  
d Date:

01 12 06

Completed by  
receiver only:

1.04

% of  
Reduction Taken

TOTAL PAYMENT DUE

\$676.98

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Joe Smith / CEO

APPROVED FOR PAYMENT Shipper's Signature/Title

Joe Smith

Shipper's Printed Name

01/12/06

Date

Jay Evans / Manager

Receiver's Signature/Title

Jay Evans

Receiver's Printed Name

01/12/06

Date

60085693

05/01/06

SECTION IV - 8

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### (b) Procedures for Completing DR-6 by Processor when Receiving Material from Dropoff or Collection, Curbside or Community Service Program

Based on materials received from dropoff or collection, curbside, or community service programs, the processor will produce a weight ticket and prepare a shipping report on behalf of the shipping entity. Processors will compute and pay the refund value, and any applicable processing payments and administrative fees, for materials received and provide the shipper with a copy of the shipping report and the weight ticket as a receipt.

**NOTE: A processor must complete a shipping report for each load and each material type when received unless they have a Division approved Material Allocation for Multiple Programs application.**

**NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 16 and a sample of a completed DR-6 can be found on page 17 of this section.**

#### **RECYCLER PAYMENT REQUEST INFORMATION SECTION:**

**Item 1-2: CCN - Do not enter any information for these items.** These items are to be completed by the service contractor.

**Item 3: FROM Name and Address (Shipper)**

**NAME** - Enter the name of the organization/program selling materials to you **exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.**

**ADDRESS** - Enter the organization/program address, city, state, and zip code of the shipper **exactly as it appears on the certificate/approval letter issued by the Division.**

**Item 4: Shipper's Certification or Identification Number** - Enter the applicable certification/identification number of the entity shipping the material to you.

The following are examples of certification numbers:

C P \_ \_ \_ \_ = Dropoff or Collection Program  
C S \_ \_ \_ \_ = Curbside Program  
S P \_ \_ \_ \_ = Community Service Program

**Item 5: Contact Person** - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

- Item 6: **Telephone Number** - Enter area code and phone number of the contact person.
- Item 7: **Do not enter any information for this item.** This item is to be completed by the service contractor.
- Item 8: **Do not enter any information in this area.** This item is to be completed by the Department Accounting Office.
- Item 9: **Company Name (Receiver)** - Enter the name of your company exactly as it appears on the certificate issued by the Division.
- Item 10: **Receiver's Certification Number** - Enter the certification number of your processing center receiving the material.

P R \_ \_ \_ \_ is the only valid receiver type.

**NOTE: The receiver of the material must be a certified processor at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.**

- Item 11: **Material Type** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: A Separate Shipping Report Must Be Prepared For Each Plastic Resin Type Delivered.**

- Item 12: **Amendment to FSN (Form Serial Number)** - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Include the form serial number (Item 39) of the shipping report being amended. Please refer the Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.
- Items 13-16: **Do not enter any information in these areas.** These items are **not** completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.
- Item 17: **Total Redemption Weight** - Total redemption weight is the weight of redeemable containers only (CRV containers) and must be rounded to the nearest 1/10th of a pound (i.e., 200.85 = 200.9, 200.84 = 200.8).

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate per pound or the Division's approved individual program commingled rate.**

In order to properly calculate redemption weight, you must first calculate the refund value (Item 25). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight. See “% of Shrinkage” in Item 32 for an example of calculating and deducting shrinkage from the refund value.

The following is an example of the refund value and redemption weight calculations for a curbside program assuming payment is based on a statewide average commingled rate of \$0.07 per pound for HDPE #2 and no excessive contamination/shrinkage is present in the load:

- A load of plastic HDPE #2 is delivered to a processor; the received weight is 12,500 pounds.
- Multiply the received weight by the commingled rate per pound for curbside programs.

$$12,500 \times \$0.07 = \$875.00$$

\$875.00 is the refund value (Item 25)

- Divide the refund value in item 25 by the applicable segregated per pound rate for recycling centers.

$$\$875.00 / \$0.41 = 2,134.1 \text{ pounds.}$$

2,134.1 pounds is the redemption weight in this example.

**NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.**

**Items 18-21: Do *not* enter any information in these areas.** These items are not completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### RECEIVER PAYMENT ANALYSIS SECTION:

**Item 22: *Weight Ticket #*** - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

**Example:** 1,000 pounds of glass is received in a single load for CS9998 and CS9999, the actual weight ticket number is **1234**. The shipping report for CS9998 has 700 pounds allocated to the received weight. The weight ticket number would be recorded as **1234a**. The shipping report for CS9999 has 300 pounds allocated to the received weight. The weight ticket number would be recorded as **1234b**.

**Item 23: *Received Date*** - Enter the date on which the materials were received. NOTE: The receiver of the materials and the shipping entity must be certified by the Division at the date of delivery and must have notified the Division in writing that they are operational. Curbside programs must be registered with the Division on this date.

**Item 24: *Received Weight*** - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The deduction must be shown on the weight ticket. The received weight is used in determining the redemption weight indicated in (Item 17) of the shipping report.

**Item 25: *Refund Value (C)*** - Multiply the total received weight (Item 24), minus shrinkage % (Item 32), if any, times the commingled rate per pound for the material type reported and enter the result. See Item 32 for an example of the refund value calculation when excessive contamination/shrinkage is present in the load.

**(Received Weight (Item 24) - Shrinkage % (Item 32)) x Statewide Average Commingled Rate Per Pound = Refund Value**

If the shipping entity has a Division approved individual program commingled rate the calculation is as follows:

**(Received Weight (Item 24) - Shrinkage % (Item 32)) x Individual Program Commingled Rate Per Pound = Refund Value**



## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 26: *Processing Payment (D)*** - If there is a processing payment in effect at the time materials are received, enter the amount of processing payment.

**Redemption Weight (Item 17) x Processing Payment Rate = Processing Payment**

**Item 27: *Subtotal Due*** - Add Item 25 and 26 and enter total here.

**Refund Value (Item 25) + Processing Payment (Item 26) = Subtotal Due**

**Item 28: *% Reduction Taken*** - This item should remain blank. This item is only completed when materials are received from certified recyclers.

**Item 29: *Administrative Fee*** - Multiply the refund value by the applicable administrative fee rate.

**Refund Value (Item 25) x Administrative Fee Rate = Administrative Fee**

**NOTE: All curbside programs delivering loads to the processor are eligible to receive an administrative fee. Certified dropoff or collection and community service programs are not eligible to receive administrative fees.**

**Item 30: *Total Payment Due*** - Add Items 27 and 29 and enter the total here.

**Subtotal Due (Item 27) + Administrative Fee (Item 29) = Total Payment Due**

**Item 31: *Quality Glass Incentive Program*** - If receiving glass materials from a curbside program, and the glass is color sorted by the shipper, enter an "S" in this item. If the glass is color sorted by the receiver, enter an "R" in this item.

**Please see Section VIII for detailed instructions and examples before completing this item.**

**NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments the glass received must be color sorted and substantially free of contamination.**

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 32: % of Shrinkage** - The percentage of shrinkage is the reduction of redemption weight due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. This factor is determined by the receiving recycling center's inspection of the load. When shrinkage is found, the percentage of shrinkage is entered here. (e.g., a recent rain has added weight of approximately 8% to the load. The percentage of shrinkage = 0.08, enter 8 in item 32.)

The following is an example of the refund value (Item 25) calculation assuming payment is based on a statewide average commingled rate of \$0.07 per pound for HDPE along with a 2% reduction for shrinkage:

- **A load of HDPE is delivered to a recycling center, the received weight is 12,500 pounds.**
- **Total adjustment percentage = 98% (100% - 2% for shrinkage)**
- **Multiply the received weight by the total adjustment percentage.**

$$12,500 \times .98 = 12,250 \text{ adjusted weight}$$

- **Multiply the adjusted weight by the commingled rate per pound.**

$$12,250 \times \$0.07 = \$857.50$$

**\$857.50 is the calculated refund value (Item 25) in this example.**

- **Record the received weight as 12,500 pounds in item 24. DO NOT reduce the received weight for the amount as shrinkage.**

**Note: See Section VII for detailed instructions and examples.**

**Items 33-35: Shipper's Signature/Title, Printed Name and Date** - The authorized representative of the shipper's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. The signature date must be on or after the received date (Item 23).

**Items 36-38: Receiver's Signature/Title, Printed Name and Date** - The authorized representative of the receiver's business must sign, print

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

**Item 39: *Form Serial Number (FSN)*:** - This number identifies a specific report. When making inquiries or amending reports, this number must be included in the correspondence.

## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

**8**

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHON  
E NUMBER**6**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> •	<b>14</b> •
FROM Shipping Reports or Consolidated Reports	<b>15</b> •	<b>16</b> •
TOTAL	<b>17</b> •	<b>18</b> •

Receipt & Log Entries  
For**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .COMPLETED BY  
RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Receive  
d Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**34**

Shipper's Printed Name

**35**

Date

**36**

Receiver's Signature/Title

**37**

Receiver's Printed Name

**38**

Date

**39**

05/01/06

SECTION IV - 16

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

## COMPLETED BY SHIPPER:

COMPANY  
NAME**People of the Sun Recycling**

ADDRESS

**2000 Millennium Way****Century City, CA 99999**

CERT. #

**CS1999**CONTACT  
PERSON**Zack de la Rocha**TELEPHONE  
NUMBER**(916) 987-2001**

## RECEIVER INFORMATION

COMPANY  
NAME**All Plastic Processing**

CERT. #

**PR9996**MATERIAL  
TYPE**HDPE #2**

AMENDMENT TO FSN

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## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports		
<b>TOTAL</b>	<b>2,134.1</b>	

Receipt & Log Entries  
For

--	--	--

Thru

--	--	--

Number of Attachments  
or Consolidated Shipments

--

COMPLETED BY  
RECEIVER

## RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

**11301****12,500.0****\$875.00****\$429.65****\$1,304.65**ADMINISTRATIVE  
FEE**\$6.56**

Received Date:

**01 18 06**Completed by  
receiver only:

--

% of  
Reduction Taken

TOTAL PAYMENT DUE

**\$1,311.21**

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**Zach de la Rocha / Owner**

APPROVED FOR PAYMENT Shipper's Signature/Title

**Zack de la Rocha**

Shipper's Printed Name

**01/18/06**

Date

**Owen Wilson / Manager**

Receiver's Signature/Title

**Owen Wilson**

Receiver's Printed Name

**01/18/06**

Date

**60085633**

05/01/06

SECTION IV - 17

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### (c) Procedures for Completing DR-6 by Processor for Non-Redemption Material

Each month all processors must report the amount of non-redemption **postfilled** aluminum, glass, and plastic food and drink packaging materials recycled. NOTE: This information is for reporting purposes only and does not qualify for program payments.

Shipping reports for certified recycling centers, dropoff or collection, community service, or curbside programs will include the weight of non-redemption food and drink packaging materials, if any, in the total received weight.

**If the processor receives materials from a non-certified recycler, or if a certified entity delivers postfilled non-redemption material separate from CRV material, a separate shipping report is required to report materials received from the non-certified recycler and/or for postfilled non-redemption materials. This does not include line breakage, rejected containers, or containers received from out-of-state.**

**NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 21, and a subsequent example of a completed DR-6 can be found 22 of this section.**

#### **RECYCLER PAYMENT REQUEST INFORMATION:**

**Items 1 & 2: CCN - Do not enter any information in these areas.** These fields are to be used by the service contractor.

#### **Item 3: *Company Name and Address (Shipper)***

**NAME** - Enter the name of the entity delivering non-redemption postfilled food and drink packaging materials to you. If a certified entity, enter the company name **exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.**

**ADDRESS** - Enter the business address, city, state, and zip code of the shipper or facility address. If a certified entity, enter the company address exactly as it appears on the certificate/approval letter issued by the Division.

**Item 4: *Shipper's Certification Number*** - Enter the applicable identification number or certification number of the shipper.

**NOTE: If the shipper is not a certified entity (a non-certified recycler), use NR9999 as the identification number.**

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

- Item 5: **Contact Person** - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.
- Item 6: **Telephone Number** - Enter the area code and phone of the contact person.
- Item 7: **Do not enter any information for this item.** This item is to be completed by the service contractor.
- Item 8: **Do not enter any information in this area.** This item is to be completed by the Department Accounting Office.
- Item 9: **Company Name (Receiver)** - Enter the name of your company, exactly as it appears on the certificate issued by the Division.
- Item 10: **Receiver's Certification Number** - Enter the PR\_\_ \_\_ \_\_ \_\_ identification number assigned to you by the Division.
- Item 11: **Material Type** - Enter material type covered by the report (i.e., postfilled aluminum, postfilled glass, postfilled bimetal, postfilled plastic (indicate resin type)). Do not use terms such as "cans", "bottles", or simply "plastic".

### **NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.**

- Item 12: **Amendment to FSN (Form Serial Number)** - Check this box if the shipping report is amending a previous shipping report which has been processed. Include the form serial number (Item 39) of the shipping report being amended. Please refer to Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.
- Items 13-21: **Do not enter any information for these items.** These items are not completed when a processor is filling out a shipping report for the purpose of reporting only postfilled non-redemption materials.

### **RECEIVER PAYMENT ANALYSIS:**

- Item 22: **Weight Ticket #** - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).
- Item 23: **Received Date** - Enter the date that the materials were received.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

**Item 24: *Received Weight*** - Record the received weight of the shipment.

**Items 25-32: *Do not enter any information in these areas.*** These items are not completed when a processor is filling out a shipping report for the purpose of reporting only post-filled non-redemption materials.

**Item 33-35: *Shipper's Signature/Title, Printed Name and Date*** - The authorized representative of the shipper's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the received date (Item 23).

**Items 36-38: *Receiver's Signature/Title, Printed Name and Date*** - The authorized representative of the receiver's business must sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

**Item 39: *Form Serial Number (FSN)*** - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.



FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

**2**

FOR STATE USE ONLY

ATTACHED TO CCN

**7****SHIPPING REPORT**

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

**8****COMPLETED BY SHIPPER:**

COMPANY NAME	<b>3</b>
ADDRESS	<b>3</b>
CERT. #	<b>4</b>
CONTACT PERSON	<b>5</b>
TELEPHONE NUMBER	<b>6</b>

**RECEIVER INFORMATION**

COMPANY NAME	<b>9</b>								
CERT. #	<b>10</b>								
MATERIAL TYPE	<b>11</b>								
<b>12</b> AMENDMENT TO FSN	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

**RECYCLER PAYMENT REQUEST INFORMATION**

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> •	<b>14</b> •
FROM Shipping Reports or Consolidated Reports	<b>15</b> •	<b>16</b> •
TOTAL	<b>17</b> •	<b>18</b> •

Receipt &amp; Log Entries For

	<b>19</b>	
--	-----------	--

Thru

	<b>20</b>	
--	-----------	--

Number of Attachments or Consolidated Shipments

**21** .**COMPLETED BY****RECEIVER**

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24****RECEIVER PAYMENT ANALYSIS**

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**

ADMINISTRATIVE FEE

**29**

Received Date:

	<b>23</b>	
--	-----------	--

Completed by receiver only:

**28**

% of Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**34**

Shipper's Printed Name

**35**

Date

**36**

Receiver's Signature/Title

**37**

Receiver's Printed Name

**38**

Date

**39**

05/01/06

SECTION IV- 21

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME

ABC RECYCLERS

ADDRESS

500 Orange Ave

Sacramento, CA 95814

CERT. #

RC0001

CONTACT  
PERSON

Joe Smith

TELEPHON  
E NUMBER

(916) 799- 0001

## RECEIVER INFORMATION

COMPANY  
NAME

International Processors

CERT. #

PR9966

MATERIAL  
TYPE

Postfilled Plastic LDPE



AMENDMENT TO FSN

--	--	--	--	--	--	--	--	--	--

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports		
TOTAL		

Receipt & Log Entries  
For

--	--	--

Thru

--	--	--

Number of Attachments  
or Consolidated Shipments

--

COMPLETED BY  
RECEIVER

Weight Ticket #

10301

Received Wt. (Lbs.)

1,500.0

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

ADMINISTRATIVE  
FEEReceive  
d Date:

01 25 06

Completed by  
receiver only:

--

% of  
Reduction Taken

TOTAL PAYMENT DUE

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Joe Smith / CEO

APPROVED FOR PAYMENT Shipper's Signature/Title

Joe Smith

Shipper's Printed Name

01/25/06

Date

Jay Evans / Manager

Receiver's Signature/Title

Jay Evans

Receiver's Printed Name

01/25/06

Date

60088652

05/01/06

SECTION IV - 22

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### 2. Processor Invoice Report (DR-7)

In order to be reimbursed by the Department for program payments paid out to certified recycling centers, dropoff or collection, curbside, and community service programs processors must submit monthly processor invoice reports. A processor invoice consists of a summary of transaction weights and calculations of program payments paid. Original shipping reports supporting the summarized data must be attached to the corresponding processor invoice.

All processors are required to report monthly or, at the option of the processor up to eight times per calendar month. The reporting periods for the month must cover from the beginning to the end of the calendar month and not overlap any days. (14CCR, Section 2425(a))

All reports (processor invoices and supporting attachments) must be submitted no later than the 10th day after the last day of the reporting period.

**NOTE: An itemized copy of the DR-7 described in the procedures below can be found on page 27 and a sample of a completed DR-7 can be found on and 28 of this section.**

**Item 1-2: *Do not enter any information for these items.*** These items are to be completed by the service contractor.

**Item 3: *Company Name and Address***

***NAME*** - Enter the name of your organization **exactly as it appears on the certificate issued by the Division. Do not abbreviate.**

***ADDRESS*** - Enter organization address, city, state, and zip code of your organization/facility. **This is the address to which the reimbursement check will be mailed.**

**Item 4: *Contact Person*** - Enter the name of the person who prepared this report.

**Item 5: *Telephone Number*** - Enter the area code and phone number of the contact person or someone who can answer questions concerning the report.

**Item 6: *Supplemental To or Amendment To FSN*** - Check the appropriate box if the processor invoice is a supplemental or an amendment to a previous processor invoice which has been processed and paid. Include the FSN (Item 25) of the processor invoice being supplemented or amended. Please refer to section II pages 4-6 of this manual for specific procedures for preparing and submitting supplemental and amended reports.

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

- Item 7: *Material Type*** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: All Attached DR-6's Must Be For The Same Material Type As The Processor Invoice. A Separate DR-7 Must Be Prepared For Each Plastic Resin Type.**

- Item 8: *Number of Shipping Reports Attached*** - Enter the number of shipping reports attached that substantiate the data for this report. **NOTE: This number will be the total of all attached shipping reports plus the number of line items from all attached consolidated shipping reports.**

- Item 9: *Check One*** - Check the appropriate box as it applies to the materials reported. **NOTE: One of these boxes must be checked.**

Check **For Recycling** if you have made arrangements whereby the material will be recycled or **Not For Recycling** if no arrangements for recycling have been made for the reported material.

- Item 10: *Reporting Period*** - Enter the dates covered by the report. **NOTE: All processors are required to report monthly or, at the option of the processor up to eight times per calendar month. The reporting periods for the month must cover from the beginning to the end of the calendar month and not overlap any days. Also, all attached shipping reports which show the processor as the receiver must have received dates that fall within the reporting period indicated on the processor invoice.**

- Item 11: *Certification Number*** - Enter the PR\_\_ \_\_ \_\_ \_\_ identification number assigned to you by the Division.

- Item 12: *"Check This Box"*** - If applicable, check the appropriate box and if indicated, include the applicable information as a separate enclosure. **NOTE: The Department must be notified at least 10 days prior to any change in ownership or operations. (14CCR, Section 2405)**

- Item 13: *Weight Received (lbs.)*** - Enter the total weight of all material received. For all DR-6s where you are the receiver (as evidenced by the certification number in Item 10 of the attached shipping reports), add the individual received weight amounts listed in Item 24 of the attached shipping reports and record the total here.

- Item 14: *Redemption Weight (lbs.) (A)*** - Enter the total weight of **redeemable** material received. Sum **either** the redemption weight **or** the received

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

weight listed on the attached shipping reports based upon the following criteria:

- Add the redemption weights listed in Item 17 of the attached shipping reports if the redemption weight **did not** exceed the received weight by more than 2.5%.
- Add the received weights listed in Item 24 of the attached shipping reports if the redemption weight **did** exceed the received weight by more than 2.5 %.

**Item 15: *Refund Value Paid (B)*** - Enter the total refund value paid for redeemable material received. This amount is the sum of the amounts found in Item 25 of the attached shipping reports where the processor is the receiver of the materials.

**Item 16: *Administrative Fee Paid*** - Enter any applicable administrative fees paid. This amount is the sum of the amounts found in Item 29 of the attached shipping reports.

**Item 17: *Processing Payment Paid*** - Enter any applicable processing payments. This amount is the sum of the amounts found in Item 26 of the attached shipping reports.

**Item 18: *Total Refund Value (B)*** - Indicate the refund value paid as indicated in Item 15.

**Item 19: *Total Processing Payment*** - Enter the total from Item 17 here.

**Item 20: *Total Administrative Fee*** - Calculate the total administrative fee due for the period by multiplying the refund value paid (Item 15) by the allowable percentage.

**Refund Value Paid (Item 15) x Administrative Fee % Rate = Total Administrative Fee**

**Item 21: *Grand Total Due*** - Enter the sum of Items 18, 19, and 20.

**Total Refund Value Paid (Item 18) + Total Processing Payment (Item 19) + Total Administrative Fee (Item 20) = Grand Total Due**

**Item 22: *Processor's Signature*** - The authorized representative of the receiver's business must sign and date the processor invoice. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that

## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

effect and **must be an original**. No rubber stamps or facsimile will be allowed.

**Item 23: Do not enter any information for this item** - This item is to be completed by the service contractor.

**Item 24: *Processor's Signature Date*** - The signature date must be on or after the last day of the reporting period covered by the processor invoice and on or before the postmark date.

**Item 25: *Form Serial Number (FSN)*** - This number identifies a specific report. When making inquiries or submitting supplemental or amended reports, this number must be included in the correspondence.

# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

DR-7 (1/95)

## FOR STATE USE ONLY

CCN
1

## FOR STATE USE ONLY

POSTMARK DATE
2

NAME	3
ADDRESS	3
CONTACT PERSON	4
TELEPHONE NUMBER	5

MATERIAL TYPE	7		
# OF SHIPPING REPORTS ATTACHED	8		
CHECK ONE:	9 FOR RECYCLING	9 NOT FOR RECYCLING	
REPORTING PERIOD	10	THRU	10
CERT. #	11		

6	SUPPLEMENTAL TO
---	-----------------

OR

FSN

			6			
--	--	--	---	--	--	--

6	AMENDMENT TO
---	--------------

12	CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.
----	---

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.
----	---

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.
----	--

EFFECTIVE DATE : \_\_\_\_\_

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.
----	--

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
13	14	15	16	17

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	18
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	19
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	20
GRAND TOTAL DUE	21

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

22
PROCESSOR'S SIGNATURE/TITLE

FOR STATE USE ONLY
23

24
DATE
25

05/01/06

SECTION IV - 27

# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

DR-7 (1/95 )

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

POSTMARK DATE

NAME **INTERNATIONAL PROCESSORS**  
ADDRESS **1200 RECYCLE BLVD.**  
**INDUSTRY, CA 99978**  
CONTACT PERSON **ELLIOT BOYD**  
TELEPHONE NUMBER **(661) 852 - 6781**

MATERIAL TYPE

**ALUMINUM**

# OF SHIPPING  
REPORTS ATTACHED

**25**

CHECK ONE:

☒

FOR RECYCLING

☐

NOT FOR RECYCLING

REPORTING  
PERIOD

**01 01 06**

THRU

**01 15 06**

CERT. #

**PR9966**

☐

SUPPLEMENTAL TO

☐

OR

FSN

AMENDMENT TO

☐

CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

☐

CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

☐

CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

☐

EFFECTIVE DATE : \_\_\_\_\_

CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
<b>85,000.0</b>	<b>83,200.0</b>	<b>\$103,168.00</b>	<b>\$773.76</b>	<b>.</b>

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)

**\$103,168.00**

TOTAL PROCESSING PAYMENT  
(A X PROCESSING PYMT. RATE \_\_\_\_\_)

**.**

TOTAL ADMINISTRATIVE FEE  
(B X RATE \_\_\_\_\_)

**\$2,579.20**

GRAND TOTAL DUE

**\$105,747.20**

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FOR STATE USE ONLY

*Elliot Boyd / Accountant*

PROCESSOR'S SIGNATURE/TITLE

**01/16/06**

DATE

**70067834**

05/01/06

SECTION IV - 28



## CERTIFIED PROCESSOR PAYMENT AND REPORTING PROCEDURES

### 3. Processor's Checklist

Below is a list of items to check prior to submitting your paperwork to the service contractor to ensure that it has been completed correctly.

#### **Did you remember to:**

- Enter the applicable reporting period?
- Ensure that both the **shipper's** and **receiver's** certification numbers on the shipping reports appear exactly as they do on the recycling certificate(s) issued by the Division?
- Ensure that the company name and address of the shipper on the shipping reports are as they appear on the certificate issued by the Division?
- Verify that all shipping reports included are for the same material type.?
- Verify that the received date on each shipping report falls within the reporting period indicated on the processor invoice?
- Verify that the receipt and log dates on the shipping reports are on or before the date the material was received?
- Verify that the correct rates were used in calculating the Receiver's Payment Analysis section on the shipping reports?
- Ensure that the contact person on the processor invoice is the person who completed the report and can answer any questions regarding the report?
- Sign the report?
- Ensure that the signature date on the processor invoice is on or after the date the material was delivered to the processor and on or after the last day of the reporting period?

## SUPPLEMENTAL REPORTS AND AMENDED REPORTS

### SECTION V - Supplemental Reports and Amendments Reports

#### Amendments

- A. In the example located on page 2, Plastic Club of America incorrectly calculated the redemption weight on DR-6 #62262378. The report was processed and paid.

**Note: The original DR-6 can be found on page 2, the ETR can be found on page 3 and the amended DR-6 can be found on page 4 of this section.**

- B. In the example located on page 5, Recycle World processor submitted DR-7 #70118599 to IKON. The DR-7 included the incorrect shipping report from Plastic Club of America (DR-6 #62262378). The report was processed and paid.

**Note: The original DR-7 can be found on page 5, the ETR can be found on page 6&7 and the amended DR-7 can be found on page 8 of this section.**

#### Supplementals

- C. In the example located on page 9, processor Recycle World discovered PETE DR-6 #62262364 on February 6, 2006 that should have been submitted in the 1/16/06-1/30/06 reporting period.

**Note: The original DR-6 can be found on page 9 and the supplemental DR-7 can be found on page 10 of this section.**

## FOR STATE USE ONLY

PROCESSOR CCN

**07981280000100**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**06981280000100**

## FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME**Plastic Club of America**

ADDRESS

**444 Soda Lane****Recycle, CA 99999**

CERT. #

**SP0361**CONTACT  
PERSON**Sue Smith**TELEPHONE  
NUMBER**(916) 555-8888**

## RECEIVER INFORMATION

COMPANY  
NAME**Recycle World**

CERT. #

**PR0777**MATERIAL  
TYPE**PETE #1**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports		
TOTAL	<b>724.6</b>	

Receipt &amp; Log Entries For




Thru



Number of Attachments  
or Consolidated Shipments

## COMPLETED BY RECEIVER

Weight Ticket #

**2468**

Received Wt. (Lbs.)

**1000.0**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**\$500.00**

Processing Pymt. (D)

**\$82.02**

Subtotal Due (C+D)

**\$582.02**Received  
Date:


Completed by  
receiver only:
% of  
Reduction TakenADMINISTRATIVE  
FEE

TOTAL PAYMENT DUE

**\$582.02**

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

*Sue Smith / Recycling Asst.*

APPROVED FOR PAYMENT Shipper's Signature/Title

*Recycle Rex / Manager*

Receiver's Signature/Title

**Sue Smith**

Shipper's Printed Name

**Recycle Rex**

Receiver's Printed Name

**01/30/06**

Date

**01/30/06**

Date

**62262378**

05/01/06

V - 2

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
ERROR TRANSMITTAL REPORT**

Date: August 11, 2006

To: Recycle World  
P.O. Box 789  
Recycle, CA 99999

Name: Recycle World  
Processor CCN: 07981280000100  
DR-07 Ref#: 70118599  
Shipper Name: Plastic Club of America  
Shipper CCN: 06981280000100  
DR-06 Ref#: 62262378  
Shipper ID: SP0361  
Period Covered: 1/16/06-1/30/06

ID#: PR0777 Material Type: PETE #1

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error
TOT-RDMPTN-WT	724.6	797.1	72.5-	The total redemption weight is not supported by the refund value paid.
RPA-REFUND-VALUE	500.00	550.00	50.00-	The receiver refund value is missing or incorrect.
RPA-PROCSG-PYMT	82.02	90.23	8.21-	The receiver's processing payment is incorrect.
RPA-SUBTOTAL	582.02	640.23	58.21-	The receiver subtotals not equal to the program payments indicated.
RPA-TOT PYMT DUE	582.02	640.23	58.21-	The total payment due is not equal to the subtotal plus any applicable admin. fee.
	582.02	640.23	58.21-	

**THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO IKON BUSINESS INFORMATION SERVICES. A Copy of this document has been forwarded to the shipping recycler. If you have any questions regarding these changes, please call IKON at (916) 852-1010.**

ETRPS (01/96) Batch:X888 REC:002

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY NAME	<b>Plastic Club of America</b>
ADDRESS	<b>444 Soda Lane</b>
	<b>Recycle, CA 99999</b>
CERT. #	<b>SP0361</b>
CONTACT PERSON	<b>Sue Smith</b>
TELEPHONE NUMBER	<b>(916) 555-8888</b>

## RECEIVER INFORMATION

COMPANY NAME	<b>Recycle World</b>
CERT. #	<b>PR0777</b>
MATERIAL TYPE	<b>PETE #1</b>
<input checked="" type="checkbox"/> AMENDMENT TO FSN	<b>6 2 2 6 2 3 7 8</b>

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports		
TOTAL	<b>797.1</b>	

Receipt &amp; Log Entries For

--	--	--

Thru

--	--	--

Number of Attachments  
or Consolidated Shipments

--

## COMPLETED BY RECEIVER

## RECEIVER PAYMENT ANALYSIS

Weight Ticket #	Received Wt. (Lbs.)	Refund Value (C)	Processing Pymt. (D)	Subtotal Due (C+D)
<b>2468</b>	<b>1000.0</b>	<b>\$550.00</b>	<b>\$90.23</b>	<b>\$640.23</b>
ADMINISTRATIVE FEE				
Received Date: <b>1 30 06</b>	Completed by receiver only:	% of Reduction Taken	TOTAL PAYMENT DUE	<b>\$640.23</b>
QGIP				% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

<b>Sue Smith / Recycling Asst.</b>
APPROVED FOR PAYMENT Shipper's Signature/Title
<b>Recycle Rex / Manager</b>
Receiver's Signature/Title

<b>Sue Smith</b>
Shipper's Printed Name
<b>Recycle Rex</b>
Receiver's Printed Name

<b>01/30/06</b>
Date
<b>01/30/06</b>
Date
<b>62262399</b>

05/01/06

V - 4

# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

FOR STATE USE ONLY

CCN

**07981280000100**

DR-7 (1/95 )

FOR STATE USE ONLY

POSTMARK DATE

NAME	Recycle World
ADDRESS	P.O. Box 789
	Recycle, CA 99999
CONTACT PERSON	Recycle Rex
TELEPHONE NUMBER	(916) 555-3030

MATERIAL TYPE	PETE #1
# OF SHIPPING REPORTS ATTACHED	1
CHECK ONE:	<input checked="" type="checkbox"/> FOR RECYCLING <input type="checkbox"/> NOT FOR RECYCLING
REPORTING PERIOD	1 16 06 THRU 1 30 06
CERT. #	PR0777

☐ SUPPLEMENTAL TO

OR

FSN

--	--	--	--	--	--	--	--

☐ AMENDMENT TO

☐ CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE : \_\_\_\_\_

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
<b>1.000.0</b>	<b>724.6</b>	<b>\$500.00</b>		<b>\$82.02</b>

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	<b>\$500.00</b>
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	<b>\$82.02</b>
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	<b>\$12.50</b>
<b>GRAND TOTAL DUE</b>	<b>\$594.52</b>

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*Recycle Rex / Manager*  
PROCESSOR'S SIGNATURE/TITLE

FOR STATE USE ONLY

**2/1/06**

DATE

**70118599**

05/01/06

V - 5

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
ERROR TRANSMITTAL REPORT**

Date: August 11, 2006

Name: Recycle World

To: Recycle World  
P.O. Box 789  
Recycle, CA 99999

CCN: 07981280000100

Ref#: 70118599

ID#: PR0777 Material Type: PETE #1

Period Covered: 1/16/06-1/30/06

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error
RDMPTN-WT	724.6	797.1	72.5-	The redemption weight is not equal to the sum of the redemption weights on the attached reports approved for payment.
REFUND-PAID	500.00	550.00	50.00-	The refund value paid is not equal to the sum of the refund values on the attached reports approved for payment.
PROCSG-PYMT	82.02	90.23	8.21-	The processing payment paid is not equal to the sum of the processing payments on the attached reports approved for payment.
TOT-REFUND-PAID	500.00	550.00	50.00-	The total refund value paid is not equal to the sum of the refund values on the attached reports approved for payment.

**THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO IKON BUSINESS INFORMATION SERVICES. If you have any questions regarding these changes, please call IKON at (916) 852-1010.**

ETRPS (01/96) Batch:X888

REC:

**DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
PAYMENT AND REPORT PROCESSING SYSTEM  
ERROR TRANSMITTAL REPORT**

Date: August 11, 2006

Name: Recycle World

To: Recycle World  
P.O. Box 789  
Recycle, CA 99999

CCN: 07981280000100

Ref#: 70118599

ID#: PR0777 Material Type: PETE #1

Period Covered: 1/16/06-1/30/06

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error
TOT-PROCSG-PYMT	82.02	90.23	8.21-	The total processing payment is not equal to the redemption weight multiplied by the current rate for the material reported.
TOT-ADMIN-FEE	12.50	13.75	1.25-	The total administrative fee is not equal to the refund value paid multiplied by the current rate for the period.
TOT-AMOUNT-DUE	594.52	653.98	59.46-	The grand total due is not correct due to changes made during the processing of your invoice.
	594.52	653.98	59.46-	

**THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO IKON BUSINESS INFORMATION SERVICES. If you have any questions regarding these changes, please call IKON at (916) 852-1010.**

ETRPS (01/96)

Batch:X888

REC:



# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

FOR STATE USE ONLY

CCN

DR-7 (1/95 )

FOR STATE USE ONLY

POSTMARK DATE

NAME **Recycle World**  
ADDRESS **P.O. Box 789**  
**Recycle, CA 99999**  
CONTACT PERSON **Recycle Rex**  
TELEPHONE NUMBER **(916) 555-3030**

MATERIAL TYPE **PETE #1**  
# OF SHIPPING REPORTS ATTACHED **1**  
CHECK ONE: ☒ FOR RECYCLING ☐ NOT FOR RECYCLING  
REPORTING PERIOD **1 16 06** THRU **1 30 06**  
CERT. # **PR0777**

☐ SUPPLEMENTAL TO

OR

FSN

**7 0 1 1 8 5 9 9**

☒ AMENDMENT TO

☐ CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE : \_\_\_\_\_

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
<b>1.000.0</b>	<b>797.1</b>	<b>\$550.00</b>		<b>\$90.23</b>

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	<b>\$550.00</b>
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	<b>\$90.23</b>
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	<b>\$13.75</b>
<b>GRAND TOTAL DUE</b>	<b>\$653.98</b>

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*Recycle Rex, Manager*

PROCESSOR'S SIGNATURE/TITLE

FOR STATE USE ONLY

**2/30/06**

DATE

**70118588**

05/01/06

V - 8

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

FOR STATE USE ONLY

## COMPLETED BY SHIPPER:

COMPANY  
NAME

ABC RECYCLERS

ADDRESS

500 Orange Ave

Sacramento, CA 95814

CERT. #

RC0001

CONTACT  
PERSON

Joe Smith

TELEPHONE  
NUMBER

(916) 799-0001

## RECEIVER INFORMATION

COMPANY  
NAME

Recycle World

CERT. #

PR0777

MATERIAL  
TYPE

PETE #1

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	500.0	\$345.00
FROM Shipping Reports or Consolidated Reports		
TOTAL	500.0	\$345.00

Receipt &amp; Log Entries For

1 24 06

Thru

1 30 06

Number of Attachments  
or Consolidated Shipments

## COMPLETED BY RECEIVER

Weight Ticket #

2345

Received Wt. (Lbs.)

525.0

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

\$345.00

Processing Pymt. (D)

\$56.60

Subtotal Due (C+D)

\$401.60

ADMINISTRATIVE  
FEE

\$2.58

Received  
Date:

1 30 06

Completed by  
receiver only:
% of  
Reduction Taken

TOTAL PAYMENT DUE

\$404.18

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Joe Smith / CEO

APPROVED FOR PAYMENT Shipper's Signature/Title

Recycle Rex / Manager

Receiver's Signature/Title

Joe Smith

Shipper's Printed Name

Recycle Rex

Receiver's Printed Name

01/30/06

Date

01/30/06

Date

62262364

05/01/06

V - 9

# PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling

DR-7 (1/95 )

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

POSTMARK DATE

NAME **Recycle World**  
ADDRESS **P.O. Box 789**  
**Recycle, CA 99999**  
CONTACT PERSON **Recycle Rex**  
TELEPHONE NUMBER **(916) 555-3030**

MATERIAL TYPE **PETE #1**  
# OF SHIPPING REPORTS ATTACHED **1**  
CHECK ONE: ☒ FOR RECYCLING ☐ NOT FOR RECYCLING  
REPORTING PERIOD **1 16 06** THRU **1 30 06**  
CERT. # **PR0777**

☒ SUPPLEMENTAL TO

OR

FSN

**7 0 1 1 8 5 8 8**

☐ AMENDMENT TO

☐ CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE : \_\_\_\_\_

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: \_\_\_\_\_

## SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
<b>525.0</b>	<b>500.0</b>	<b>\$345.00</b>	<b>\$2.58</b>	<b>\$56.60</b>

## PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	<b>\$345.00</b>
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	<b>56.60</b>
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	<b>\$8.62</b>
<b>GRAND TOTAL DUE</b>	<b>\$410.22</b>

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*Recycle Rex, Manager*  
PROCESSOR'S SIGNATURE/TITLE

FOR STATE USE ONLY

**2/30/06**  
DATE  
**70118600**

## CONSOLIDATED SHIPPING REPORTS

### SECTION VI – Consolidated Shipping Reports

In lieu of submitting multiple shipping reports documenting transactions between affiliated recycling centers (operating under the same Federal I.D. #) or the receipt of material by a recycling center from a dropoff or collection, community service, or curbside programs, certified processors and certified recycling centers may apply in writing to the Division for permission to file consolidated shipping reports.

A consolidated shipping report is used to summarize the recycling activity of the **approved entity only**. For example, a recycler owns ten certified recycling centers. In addition, the recycler receives materials directly from various dropoff or collection, curbside, and community service programs. Instead of completing shipping reports for each of the company's ten recycling centers and the multiple other programs, the company enters each delivery as a line item and summarizes the information on a consolidated shipping report.

**NOTE: Deliveries of materials from non-affiliated certified recycling centers (not operating using the same Federal I.D.# as approved by the Division), cannot be included on the consolidated shipping report. Also, implementation of consolidated reporting does not affect, in any way, the requirement that each certified entity maintain the proper receipts, logs, or other records required by 14CCR.**

In order to become a consolidated reporter, certified recyclers and/or processors must submit a request in writing and be approved by the Division. Written requests must include the recycler's or processor's Federal ID number and all the certification/identification numbers of the entities which will be summarized under the consolidated reporting number. Requests must also include a copy of the applicants proposed detail form. All requests should be submitted to the Division at the following address:

**Department of Conservation  
Division of Recycling**  
801 K Street, MS 15-59  
Sacramento, CA 95814  
Attn.: Certification Services Branch

**Note: Do not send consolidated reporting number requests to the service contractor.**

The Division will approve or deny a request for a consolidated reporting number within 45 days of receipt of the request. If approved, the Division will send you an approval letter which will include your consolidated reporting number (RC8\_ \_ \_).

## CONSOLIDATED SHIPPING REPORTS

### A. Consolidated Reporting Procedures for Approved Certified Recyclers and Processors

Certified recyclers and processors approved as consolidated reporters are required to prepare two different forms when reporting: a ***detail form*** and a ***summary shipping report (DR-6)***.

***Detail forms*** are not available from the Division. These forms must be designed and produced by the participant. The design of the form must adhere to the following requirements:

- 10 characters per inch (horizontal) (12 point computer font)
- 6 lines per inch (vertical)
- Each line must be double-spaced
- Printed on 8 1/2 x 11 or 11 x 14 inch paper
- The print must be legible
- The print must be dark enough to be photocopied
- 1 inch on right hand margin

**NOTE: Failure to comply with the specifications listed above may result in denial of the *summary shipping report (DR-6)* and all the attached detail lines of the *detail form*.**

The ***summary shipping report (DR-6)*** is a standard shipping report form which summarizes the line item information listed on the ***detail form***. Both reports are submitted to the receiving recycling center or processor.

#### 1. Consolidated Shipping Report (Detail Form)

**NOTE: An itemized copy of the *detail form* described in the procedures below can be found on page 7 and a sample of a completed *detail form* can be found on page 8 of this section.**

#### Item 1: ***Receiving Certified Administrative Office*** -

**NAME** - Enter the company name, **exactly as it appears on the approval letter received from the Division authorizing submission of consolidated shipping reports.**

**ADDRESS** - Enter the address, city, state, and zip code of the administrative office where the reports are prepared.

#### Item 2: ***Certification Number*** - Enter the certification number assigned to the administrative office (e.g. RC8000).

## CONSOLIDATED SHIPPING REPORTS

- Item 3: *Material Type*** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.**

- Item 4: *Shipping Report #*** - Enter the form serial number (FSN) of the summary shipping report (DR-6) to which the detail form is attached. The FSN is located on the lower right corner of the shipping report.

- Item 5: *# of Shipments*** - Enter the number of shipments (line items) summarized on the detail form.

- Item 6: *Shipper's Certification #*** - Enter the certification number of the recycling center or other certified program that received the material from the consumer. The following are examples of certification numbers.

RC \_\_\_ \_\_\_ \_\_\_ = **R**ecycling **C**enter (can be four or five numeric digits)

C P \_\_\_ \_\_\_ \_\_\_ = Dropoff or **C**ollection **P**rogram

C S \_\_\_ \_\_\_ \_\_\_ = **C**urbside Program

S P \_\_\_ \_\_\_ \_\_\_ = Community **S**ervice **P**rogram

- Item 7: *Receipts and Logs Dates*** -

**For recycling centers**, enter the period during which the recycling center redeemed containers that are included on this report. The dates must be expressed in MM/DD/YY format. List the "from" date first followed by the "thru" date (e.g. January 1, 2006 through January 11, 2006 would be recorded as 8/01/06 - 8/11/06). Each recycling center must have been certified during the entire reporting period indicated.

**For dropoff or collection, curbside, or community service programs**, enter the delivery date as both the "from" and "thru" dates. These programs must be certified and/or approved by the Division on the date of the delivery.

- Item 8: *Received Weight*** - Enter the weight of materials received as indicated on the weight ticket for the load, or from the total weight purchased for transactions with consumers within the receipt and log dates. All weights must be expressed in pounds and rounded to the nearest 1/10th of a pound. (e.g., 200.85 = 200.9, 200.84 = 200.8).

## CONSOLIDATED SHIPPING REPORTS

**Item 9: *Redemption Weight*** - This weight must reflect **redeemable** containers only and must be rounded to the nearest 1/10th of a pound.

**For recycling centers**, the redemption weight is calculated based on the refund value paid to consumers, as indicated on daily purchase summaries, for the indicated reporting period. The calculation is performed as follows:

**Refund Value paid / Segregated rate per pound = Redemption Weight**

**For dropoff or collection, curbside, or community service programs**, the redemption weight is calculated after an inspection of the materials is conducted and the received weight (Item 8) obtained.

**NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate or the Division's approved individual program commingled rate.**

In order to properly calculate redemption weight, you must first calculate the refund value (Item 11). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight.

The following is an example of the refund value and subsequent redemption weight calculation for a curbside program assuming payment is based on a statewide average commingled rate of \$0.04 per pound for glass and no contamination/shrinkage is present:

- **A load of glass is delivered to a recycler, the received weight is 6,600 pounds.**
- **Multiply the received weight by the commingled rate per pound for curbside programs.**

$$6,600 \times \$0.04 = \$264.00$$

**\$264.00 is the refund value (Item 11)**

- **Divide the refund value by the applicable segregated per pound rate for recycling centers.**

$$\$264.00 / \$0.081 = 3,259.3$$

**3,259.3 pounds is the redemption weight in this example.**

## CONSOLIDATED SHIPPING REPORTS

**NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.**

### **Item 10: *Adjusted Redemption Weight* -**

**For recycling centers,** if the redemption weight (Item 9) **exceeds** the received weight (Item 8) by more than 2.5%, enter the received weight of the load.

If the load has been reduced for contamination enter this amount.

If the redemption weight **does not exceed** the received weight by more than 2.5%, or the load has not been reduced for contamination, enter the amount shown in Item 9.

**NOTE: Items 9 and 10 will always be equal when the shipper (Item 6) is a dropoff or collection, curbside, or community service program and no contamination is present. Item 9 and 10 will not be equal when contamination is present.**

**Note: See Section VII when contamination is present.**

### **Item 11: *Refund Value* -**

**For recycling centers,** enter the total refund value payments as recorded on daily summaries for the "from" and "thru" dates noted in Item 7, provided that the refund value is appropriate for the redemption weight reported (redemption weight x segregated CRV rate per pound = refund value) and the redemption weight does not exceed the received weight by more than 2.5%. If the 2.5% shrinkage level is exceeded, the refund value must be reduced accordingly.

The following is an example of the calculations (based upon weight information for RC0678 of the example detail form on page 8 of this section) used to determine if a reduction in the refund value claimed is warranted:

**Redemption Weight (Item 9) / Received Weight (Item 8) (e.g., 5,720/5,500 = 1.04)**

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025), therefore the refund value claimed must be reduced.



## CONSOLIDATED SHIPPING REPORTS

- The total received weight multiplied by the segregated CRV rate per pound.

**For dropoff or collection, curbside, or community service programs** using statewide average commingled rates and there is no reduction for contamination, enter the refund value payment amount calculated as follows:

**Received Weight (Item 8) x Statewide Average Commingled Rate Per Pound = Refund Value**

**Note:** See Section VII when contamination is present.

**NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.**

**Item 12: *Quality Glass Incentive Program*** - If receiving glass materials from a curbside program, and the glass is color sorted by the shipper, enter an "S" in this item. If the glass is color sorted by the receiver, enter an "R" in this item.

**Please see Section VIII for detailed instructions and examples before completing this item.**

**NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments the glass received must be color sorted and substantially free of contamination.**

**Item 13: *Total Payments*** – Enter amount shown in Item 11.

**Item 14: *Total Received Weight*** - Add each of the received weights (Item 8) recorded on the detail form and record the total here.

**Item 15: *Total Redemption Weight*** - Add each of the redemption weights (Item 9) recorded on the detail form and record the total here.

**Item 16: *Total Adjusted Redemption Weight*** - Add each of the adjusted redemption weights (Item 10) recorded on the detail form and record the total here.

**Item 17: *Total Refund Value*** - Add each of the total refund values (Item 11) recorded on the detail form and record the total here.

**Item 18: *Total Payments*** – Enter amount shown in Item 17.

CONSOLIDATED SHIPPING REPORT (Detail Form)

RECEIVING CERTIFIED ADMINISTRATIVE OFFICE

NAME :  
ADDRESS :  
  
CERT. # :

1  
  
  
2

MATERIAL TYPE :  
SHIP REPORT # :  
# OF SHIPMENTS :

3  
4  
5

SHIPPER CERT #	RECEIPT & LOG DATES	RECEIVED WEIGHT	REDEMPTION WEIGHT	ADJUSTED REDEMPTION WEIGHT	REFUND VALUE	QGIP	TOTAL PAYMENTS
6	7	8	9	10	11	12	13
TOTALS:							18

NOTE: If payments made to recyclers were reduced due to the redemption weight exceeding the received weight by more than 2.5%, indicate the received weight as the adjusted redemption weight and record the corresponding reduced refund value (and processing payment, if applicable).

CONSOLIDATED SHIPPING REPORT (Detail Form)

RECEIVING CERTIFIED ADMINISTRATIVE OFFICE

NAME : *Clean America Recycling*  
ADDRESS : *1776 Constitution Ave.*  
*Patriot, CA, 99666*  
CERT. # : *RC8999*

MATERIAL TYPE: *GLASS*  
SHIP REPORT # : *60057894*  
# OF SHIPMENTS: *7*

SHIPPER CERT #	RECEIPT & LOG DATES	RECEIVED WEIGHT	REDEMPTION WEIGHT	ADJUSTED REDEMPTION WEIGHT	REFUND VALUE	QGIP	TOTAL PAYMENTS
CP6785	1/6/06	22,000.0	10,864.0	10,864.0	\$880.00		\$880.00
RC0542	1/3/06- 1/15/06	18,950.0	16,500.0	16,500.0	\$1,336.50		\$1,336.50
RC0678	1/8/06- 1/10/06	5,500.0	5,720.0	5,500.0	\$445.50		\$445.50
RC0623	1/2/06- 1/14/06	9,700.0	9,700.0	9,700.0	\$785.70		\$785.70
SP6780	1/3/06	10,230.0	5,605.9	5,605.9	\$454.08		\$454.08
CS9983	1/9/06	4,980.0	2,459.3	2,459.3	\$199.20	R	\$199.20
CS9984	1/9/06	6,600.0	3,259.3	3,259.3	\$264.00	R	\$264.00
TOTALS:		77,960.0	54,108.7	53,888.7	\$4,364.98		\$4,364.98

NOTE: If payments made to recyclers were reduced due to the redemption weight exceeding the received weight by more than 2.5%, indicate the received weight as the adjusted redemption weight and record the corresponding reduced refund value (and processing payment, if applicable).

(Note: This example was produced using a 12pt. font, double-spaced. The paper size is 8.5x11 with landscape formatting. 1 inch should be left on the right hand side of the page.) (Also, the weight is rounded to a tenth of a pound) See 14CCR, Section 2090(f)(3)(B)(1-20) for general information.)

## CONSOLIDATED SHIPPING REPORTS

### 2. Consolidated Shipping Report (Summary Shipping Report (DR-6))

After all the information is compiled on the **detail form**, the authorized administrative office of the participant completes a **summary shipping report (DR-6)**, which consolidates the attached detail form. Both the summary shipping report and the detail form are sent to the receiving processor or recycling center.

**NOTE: An itemized copy of the summary shipping report (DR-6) described in the procedures below can be found on page 14 of this section and a sample of a completed summary shipping report (DR-6), corresponding to the information presented on the sample consolidated detail form on page 8 of this section, can be found on page 15 of this section.**

**Items 1 & 2: CCN - Do not enter any information for these items.** These items are to be completed by the service contractor.

#### **Item 3: *Company Name and Address (Shipper)***

**NAME** - Enter the name of the entity **exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.**

**ADDRESS** - Enter the administrative office address, city, state, and zip code of the entity **exactly as it appears on the certificate/approval letter issued by the Division.**

**Item 4: *Shipper's Certification or Identification Number*** - Enter the certification number (RC8\_ \_ \_) as it appears on the letter of authorization.

**Item 5: *Contact Person*** - Enter the name of the person who prepared this report.

**Item 6: *Telephone Number*** - Enter the area code and phone number of the contact person or someone who can answer questions concerning the report.

**Item 7: *Do not enter any information for this item.*** This item is to be completed by the service contractor.

**Item 8: *Do not enter any information for this item.*** This item is completed by the service contractor.

**Item 9: *Company Name (Receiver)*** - Enter the name the company **exactly as it appears on the certificate issued by the Division.**

## CONSOLIDATED SHIPPING REPORTS

**Item 10: *Receiver's Certification Number*** - Enter the certification number of the recycling center or processor receiving the material.

**R C** \_\_\_ \_\_\_ \_\_\_ and **PR** \_\_\_ \_\_\_ \_\_\_ are the only valid receiver types.

NOTE: The receiver of the material must be a certified recycling center or processor at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.

**Item 11: *Material Type*** - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

**NOTE: A SEPARATE SUMMARY SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.**

**Item 12: *Amendment to FSN (Form Serial Number)*** - Check this box if the shipping report is amending a previous shipping report, which has been processed and paid. Include the form serial number (Item 39) of the shipping report being amended.

**Items 13-14: *From Receipts and Logs*** - These fields should remain blank. An "administrative office" is not considered a recycling center and does not have receipts and logs at the consumer level. (The attached detail form provides the information for each recycling center or program covered by the report.)

**Item 15: *FROM Consolidated Reports, Redemption Weight (lbs.)*** - Enter the total adjusted redemption weight as indicated in Item 16 on the detail form.

**Item 16: *FROM Consolidated Reports, Refund Value*** - Enter the total refund value payment amount as indicated in Item 17 on the detail form.

**Item 17: *Total*** - Enter total from Item 15 here.

**Item 18: *Total*** - Enter total from Item 16 here.

**Items 19-20: *Receipt and Log Entries For*** - These fields should remain blank. An "administrative office" is not considered a recycling center and does not have receipts and logs at the consumer level. The attached detail form provides the information for each recycling center or program covered by the report.

**Item 21: *Number of Attachments or Consolidated Shipments*** - Enter the number of shipments (line items) summarized on the detail form.

## CONSOLIDATED SHIPPING REPORTS

Count only the total number of line items that are attached to this report. NOTE: Do not count the summary shipping report (DR-6). The count should be the same as Item 5 on the detail form.

### **RECEIVER PAYMENT ANALYSIS:**

**Item 22: *Weight Ticket #*** - Upon receipt of material, the receiving recycling center or processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If the material is not physically delivered to the processor, enter the weight ticket number of the entity receiving the material. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

**Item 23: *Received Date*** - Enter the date that the materials were received. This date should match the date on the receiver's weight ticket. NOTE: The receiver of the materials must be certified at the time of delivery and the shipper's consolidated reporting number (RC8000 series) must be valid on or after this date in order to be reimbursed program payments paid to the shipper.

**Item 24: *Received Weight*** - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The deduction must be shown on the weight ticket.

At this point, the receiving recycling center or processor should determine if the received weight appears appropriate for the material delivered. If it does not, the receiving recycling center or processor may choose to contact the shipper to verify that the shipping report was accurately completed.

Please refer to Item 25 below for instructions for the calculation of payment when the redemption weight reported exceeds the received weight.

**Item 25: *Refund Value (C)*** - The receiving recycling center or processor shall pay the shipper's reported values indicated in Item 18 provided the redemption weight reported in Item 17 does not exceed the received weight by more than 2.5%.

**Item 26: *Processing Payment (D)*** - If the receiver is a processor and there is a processing payment in effect at the time materials are received, enter the amount of processing payment.

## CONSOLIDATED SHIPPING REPORTS

**Redemption Weight (Item 17) x Processing Payment Rate = Processing Payment**

**NOTE: If you have reduced the refund value paid (Item 25) because the redemption weight exceeded the received weight by more than 2.5%, you must also reduce the processing payment accordingly.**

**Item 27: *Subtotal Due (C + D)*** - Enter the total refund value.

**Refund Value (Item 25) + Processing Payment (Item 26) = Subtotal Due**

**Item 28: *% of Reduction Taken*** - If the refund value paid was reduced from the refund value requested by the shipping recycling center due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (i.e., 2.7% = 1.027). To verify the % reduction taken, divide the refund value requested (Item 18) by the refund value paid (Item 25).

**Item 29: *Administrative Fee*** - If the receiver is a processor, multiply the refund value by the applicable administrative fee percentage.

**Refund Value (Item 25) x Administrative Fee Percentage = Administrative Fee**

**Item 30: *Total Payment Due*** - Enter the total of Items 27 and 29. For receiving recycling centers, this amount will be equal to the amount shown in Item 27.

**Item 31: *Quality Glass Incentive Program*** - This item should remain blank.

**Note: See Section VIII for detailed instructions and examples.**

**Item 32: *% of Shrinkage*** - This item should remain blank.

**Note: See Section VII for detailed instructions and examples.**

**Items 33-35: *Shipper's Signature/Title, Printed Name and Date*** - The authorized representative of the shipper's business shall sign, print name and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the latest ending date indicated for the receipt and log period on the detail form (Item #7).

## CONSOLIDATED SHIPPING REPORTS

**Items 36-38: *Receiver's Signature/Title, Printed Name and Date*** - The authorized representative of the receiver's business must sign, print name and date the shipping report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

**Item 39: *Form Serial Number (FSN)*** - This number helps to identify a specific report. When making inquiries or amending reports, this number must be included in the correspondence.



## FOR STATE USE ONLY

PROCESSOR CCN

**1**

PRINTED ON RECYCLED PAPER

## FOR STATE USE ONLY

CCN

**2**

## FOR STATE USE ONLY

ATTACHED TO CCN

**7**

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME**3**

ADDRESS

**3**

CERT. #

**4**CONTACT  
PERSON**5**TELEPHONE  
NUMBER**6**

FOR STATE USE ONLY

**8**

## RECEIVER INFORMATION

COMPANY  
NAME**9**

CERT. #

**10**MATERIAL  
TYPE**11****12**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	<b>13</b> .	<b>14</b> .
FROM Shipping Reports or Consolidated Reports	<b>15</b> .	<b>16</b> .
TOTAL	<b>17</b> .	<b>18</b> .

Receipt &amp; Log Entries For

**19**

Thru

**20**Number of Attachments  
or Consolidated Shipments**21** .

## COMPLETED BY RECEIVER

Weight Ticket #

**22**

Received Wt. (Lbs.)

**24**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**25**

Processing Pymt. (D)

**26**

Subtotal Due (C+D)

**27**ADMINISTRATIVE  
FEE**29**Received  
Date:**23**Completed by  
receiver only:**28**% of  
Reduction Taken

TOTAL PAYMENT DUE

**30**

QGIP

**31**

% OF SHRINKAGE

**32**

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**33**

APPROVED FOR PAYMENT Shipper's Signature/Title

**36**

Receiver's Signature/Title

**34**

Shipper's Printed Name

**37**

Receiver's Printed Name

**35**

Date

**38**

Date

**39**

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

FOR STATE USE ONLY

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME**Clean America Recycling**

ADDRESS

**1776 Constitution Ave.****Patriot, CA 99966**

CERT. #

**RC8999**CONTACT  
PERSON**Paul Revere**TELEPHONE  
NUMBER**(916) 555 - 4747**

## RECEIVER INFORMATION

COMPANY  
NAME**International Processors**

CERT. #

**PR9966**MATERIAL  
TYPE**Glass**

AMENDMENT TO FSN

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports	<b>53,888.7</b>	<b>\$4,364.98</b>
TOTAL	<b>53,888.7</b>	<b>\$4,364.98</b>

Receipt &amp; Log Entries For




Thru



Number of Attachments  
or Consolidated Shipments**7**

## COMPLETED BY RECEIVER

Weight Ticket #

**1692**

Received Wt. (Lbs.)

**77,960.0**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**\$4,364.98**

Processing Pymt. (D)

**\$2,254.70**

Subtotal Due (C+D)

**\$6,619.68**ADMINISTRATIVE  
FEE**\$32.73**Received  
Date:**01 16 06**Completed by  
receiver only:
% of  
Reduction Taken

TOTAL PAYMENT DUE

**\$6652.41**

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

**Paul Revere / CEO**

APPROVED FOR PAYMENT Shipper's Signature/Title

**Jay Evans / Manager**

Receiver's Signature/Title

**Paul Revere**

Shipper's Printed Name

**Jay Evans**

Receiver's Printed Name

**01/16/06**

Date

**01/16/06**

Date

**60057894**

05/01/06

SECTION VI - 15

## CONTAMINATED GLASS REPORTING PROCEDURES

### SECTION VII - CONTAMINATED GLASS REPORTING PROCEDURES

The attached examples outline the proper steps needed to complete a shipping report when a load of glass being delivered to a processor or recycler has an amount of contamination that makes up less than 10% of the total weight of that load. Contamination is identified on the DR-6 as the amount of “shrinkage” in the load. “Shrinkage” is the reduced value of a load due to contamination by dirt, moisture or other non-glass material. These shrinkage adjustments apply only to glass purchases by processors from Curbside programs (CS), Dropoff and Collection programs (CP) and Community Service programs (SP).

The Department requires all processors receiving glass from CS, CP or SP programs to adjust their payments as outlined below. *Additionally, any processor who is receiving glass loads where the **contamination level exceeds ten percent** of the total weight must apply to the Department for approval of its glass cleaning method before the Department will approve its claims.* The requirements of PRC Section 2425(h) will be explained in more detail on page 3.

The rates shown in this example are current as of January 1, 2006 and are subject to change. Check for updated rates before completing your shipping reports.

#### A. Filling Out A Stand Alone Shipping Report

Here are the steps you should take to complete a stand-alone glass shipping report from a CS, CP or SP (using 36,000 pounds as the received weight and 8% shrinkage for this example):

1. Determine the percentage of shrinkage in the load.
2. In the lower portion of the shipping report that is to be “completed by receiver”, record the shrinkage percentage (8) in the box labeled “**Percent of Shrinkage.**” This should be recorded as a whole number, not as a decimal.
3. Record the net weight (**36,000**) shown on the weight ticket in the “**Received Weight**” box just as you would for any other shipping report. Do not reduce the received weight for the estimated amount of shrinkage!
4. Subtract the **Percent of Shrinkage** (8) from 100 percent and then multiply the **Received Weight**, determined in step 3, by this resulting percentage. In our example, it was estimated that the load included eight percent (8) shrinkage, so you would subtract eight from one hundred and then multiply the resulting ninety-two percent (92% or .92) by the **Received Weight**. This number is not recorded on the shipping report, but is then multiplied by the prevailing (CS, CP, or SP) commingled rate per pound to determine the refund value paid, which is then recorded onto the “**Refund Value** paid (box C) on the shipping

## CONTAMINATED GLASS REPORTING PROCEDURES

report. (e.g.  $100\% - 8\% = 92\% \times 36,000 = 33,120 \times .040$  (CS commingled rate) = \$1,324.80).

5. Divide the **Refund Value** paid by the prevailing segregated rate per pound (currently \$.081 per pound) and round the result to one decimal place and record this number in the “**Total Redemption Weight**” box of the shipping report. (e.g.  $\$1,324.80 / \$.081 = 16,355.5$  lbs.).
6. Multiply the **Total Redemption Weight** by the prevailing processing payment rate and record the result in the box labeled “**Processing Payment**” (box D). (e.g.  $16,355.5 \times .04184$  (current GL processing payment) = \$684.31)
7. Sum the **Refund Value** (box C) and the **Processing Payment** (box D) and enter the total in the “**Subtotal Due**” box. (e.g.  $\$1,324.80 + \$684.31 = \$2,009.11$ ).
8. The shipping report is then completed as you would complete any other curbside program shipping report.

### B. Filling Out a Consolidated Shipping Report

Here are the steps you should take to complete the individual lines of a consolidated shipping report:

1. Determine the percentage of shrinkage in the load, but don't record this onto the consolidated shipping report. In this example, we will use eight percent shrinkage.
2. Record the shipper's “**Certification #**”, the “**Received Date**” (in the receipt and log dates column), and the “**Received Weight**” (from the weigh ticket) onto the consolidated shipping report. (i.e., one line for each shipper included on the consolidated). Do not reduce the received weight for the estimated amount of shrinkage!
3. Multiply the **Received Weight** by the prevailing commingled rate for the program type, (currently \$.040 per pound for CS) but do not record this number onto the consolidated shipping report. [Note: this would be the refund value if there was not going to be a shrinkage adjustment]. Divide this number by the segregated redemption rate per pound (currently \$.081 per pound), rounding to one decimal place, and record this amount as the “**Redemption Weight**.” (e.g.,  $6,000 \times \$.040 = \$240.00 / \$.081 = 2,963.0$  lbs).
4. Subtract the **Percent of Shrinkage** taken from 100 percent and then multiply the **Received Weight** by this resulting percentage. For example, if you estimated that the load included eight percent (8%) shrinkage, you would subtract eight from one hundred and then multiply the resulting ninety-two percent (92% or .92) by the

## CONTAMINATED GLASS REPORTING PROCEDURES

received weight. This total, is then multiplied by the prevailing (CS, CP, or SP) commingled rate per pound to determine the refund value paid. The refund value paid is then recorded onto the consolidated shipping report in the “**Refund Value**” column. (e.g.,  $100\% - 8\% = 92\% \times 6,000 = 5,520.0 \times \$0.04$  (CS commingled rate) = \$220.80).

5. Divide the **Refund Value** by the prevailing segregated rate per pound and round the result to one decimal place; record this onto the consolidated shipping report in the “**Adjusted Redemption Weight**” column. (e.g.,  $\$220.80 / \$0.081 = 2,725.9$ ).
6. Enter the amount in the “**Refund Value**” column as the amount in the “**Total Payments**” column.
7. Repeat this process for each line on the consolidated shipping report. Sum the columns and post the totals to the cover shipping report.

Note: the above calculations can be built into an automated spreadsheet, so that the individual lines and the column totals on the consolidated shipping report can be generated in a relatively simple manner. If you need help preparing your consolidated reports, please contact our nearest Field Office for assistance.

The Department will be enforcing Section 2425(h) of its regulations, which pertains to glass loads that contain more than ten percent shrinkage by weight. These loads are not eligible for program payments unless the processor can demonstrate that it has a method for cleaning the glass sufficiently well for the end product to be used by a container manufacturer or other uses as described in regulations.

Additionally, regulations require the processor to submit and the Department to approve an application explaining the processor’s glass cleaning process and its method for determining the percentage of shrinkage in the loads before program payments will be made.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

ATTACHED TO CCN

## SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-6 (11/05)

## COMPLETED BY SHIPPER:

COMPANY  
NAME**Clean America Recycling**

ADDRESS

**1776 Constitution Ave.****Patriot, CA 99966**

CERT. #

**RC8999**CONTACT  
PERSON**Paul Revere**TELEPHONE  
NUMBER**(916) 555 - 4747**

FOR STATE USE ONLY

## RECEIVER INFORMATION

COMPANY  
NAME**International Processors**

CERT. #

**PR9966**MATERIAL  
TYPE**Glass**

AMENDMENT TO FSN

--	--	--	--	--	--	--	--	--	--

## RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs		
FROM Shipping Reports or Consolidated Reports	<b>16,355.5</b>	<b>\$1,324.80</b>
TOTAL	<b>16,355.5</b>	<b>\$1,324.80</b>

Receipt &amp; Log Entries For

--	--	--

Thru

--	--	--

Number of Attachments  
or Consolidated Shipments**5**

## COMPLETED BY RECEIVER

Weight Ticket #

**10904**

Received Wt. (Lbs.)

**36,000.0**

## RECEIVER PAYMENT ANALYSIS

Refund Value (C)

**\$1,324.80**

Processing Pymt. (D)

**\$684.31**

Subtotal Due (C+D)

**\$2,009.11**ADMINISTRATIVE  
FEE**\$9.93**Received  
Date:

<b>01</b>	<b>9</b>	<b>06</b>
-----------	----------	-----------

Completed by  
receiver only:

--

% of  
Reduction Taken

TOTAL PAYMENT DUE

**\$2,019.04**

QGIP

% OF SHRINKAGE

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

*Paul Revere / CEO*

APPROVED FOR PAYMENT Shipper's Signature/Title

**Paul Revere**

Shipper's Printed Name

**01/9/06**

Date

*Jay Evans / Manager*

Receiver's Signature/Title

**Jay Evans**

Receiver's Printed Name

**01/9/06**

Date

**60057894**

05/01/06

SECTION VII - 4

CONSOLIDATED SHIPPING REPORT (Detail Form)

RECEIVING CERTIFIED ADMINISTRATIVE OFFICE

NAME :  
ADDRESS :  
CERT. # :

Clean America Recycling  
1776 Constitution Ave.  
Patriot, CA, 99666  
RC8999

MATERIAL TYPE :  
SHIP REPORT # :  
# OF SHIPMENTS :

GLASS  
60057894  
5

SHIPPER CERT #	RECEIPT & LOG DATES	RECEIVED WEIGHT	REDEMPTION WEIGHT	ADJUSTED		TOTAL PAYMENTS
				REDEMPTION WEIGHT	REFUND VALUE	
CS9983	1/9/06	6,000.0	2,963.0	2,725.9	\$ 220.80	\$ 220.80
CS9984	1/9/06	4,000.0	1,975.3	1,817.3	\$ 147.20	\$ 147.20
CS9985	1/9/06	7,000.0	3,456.8	3,180.2	\$ 257.60	\$ 257.60
CS9986	1/9/06	8,500.0	4,197.5	3,861.7	\$ 312.80	\$ 312.80
CS9987	1/9/06	10,500.0	5,185.2	4,770.4	\$ 386.40	\$ 386.40
TOTALS		36,000.0	17,777.8	16,355.5	\$ 1,324.80	\$ 1,324.80

NOTE: If payments made to recyclers were reduced due to the redemption weight exceeding the received weight by more than 2.5%, indicate the received weight as the adjusted redemption weight and record the corresponding reduced refund value (and processing payment, if applicable).

## QUALITY GLASS INCENTIVE PAYMENT (QGIP) REPORTING

### SECTION VIII – Quality Glass Incentive Payment (QGIP) Reporting

The Division of Recycling (Division) may pay a quality glass incentive payment, (QGIP) to any entity certified pursuant to the California Beverage Container Recycling and Litter Reduction Act (Act) for glass that is collected by curbside programs, color-sorted and substantially free of contamination. Payments shall be made directly to the certified entity that color-sorts the glass beverage containers for recycling.

For glass beverage containers that are **color-sorted prior to completion** of the Shipping Report (DR-6), the eligible sorting facility shall be identified on the DR-6, as specified in Sections 2425(e), or 2530(f) and the DR-6 shall constitute the claim for the quality glass incentive payment.

For glass beverage containers that are **color-sorted subsequent to completion** of the DR-6, the certified entity that claims a quality glass incentive payment for color-sorted glass shall submit a Quality Glass Incentive Payment Claim Form (Form 56) to the Division for each calendar month in which the quality glass incentive payment is being claimed. To be eligible to submit a Form 56, the sorting facility shall submit a request and receive approval from the Division for authorization to submit claims. Please direct any questions regarding this form to Vicky Castle at (916) 445-0680.

#### A. INSTRUCTIONS FOR COMPLETING INDIVIDUAL SHIPPING REPORT FOR QGIP:

If glass is color-sorted by the receiver, indicate with an “R” in the QGIP box on the DR-6.

If glass is color-sorted by the shipper, indicate with an “S” in the QGIP box on the DR-6.

#### Examples:

A curbside program ships single-stream loads to the certified processor or recycling center. Processor/recycling center sorts the glass and completes the DR-6 when the glass is shipped. Since the processor did the sorting and it was prior to the completion of the shipping report, an “R” should be placed in the QGIP box on the DR-6.

A curbside program ships mixed glass to the certified processor or recycling center. The processor/recycling center completes a DR-6 for the mixed glass and later sorts the glass. Since the DR-6 is completed prior to sorting, the QGIP box is left blank. The processor would submit a “Form 56” to the Division.

A curbside program ships mixed glass to processor #1 and DR-6 is completed. The material is color-sorted by processor #1 and shipped to processor #2. Since the shipping report was completed prior to sorting, processor #1 would submit a “Form 56”. The QGIP box on the DR-6 is blank. Processor #1 is entitled to the QGIP.



## QUALITY GLASS INCENTIVE PAYMENT (QGIP) REPORTING

A curbside program contracts with an independent MRF to sort their material. The material is then shipped to a certified processor. Record an "S" in the QGIP box on the DR-6 since the glass was sorted prior to shipment to the processor.

### B. INSTRUCTIONS FOR COMPLETING CONSOLIDATED SHIPPING REPORTS (RC8000 reporters) FOR QGIP:

The QGIP box on the cover shipping report (DR-6) is always left blank.

QGIP reporting must be completed on the Consolidated Shipping Report Detail Form.

RC8000 reporters should record an "R" on the Consolidated Shipping Report Detail Form for all glass that they color sort, regardless of whether or not they are the curbside operator.

RC8000 reporters should record an "S" on the Consolidated Shipping Report Detail Form for all glass they receive color-sorted.

#### Examples:

A certified processor or recycling center with an 8000 number receives mixed material from curbside programs. The processor/recycling center color sorts and then ships the material. The Consolidated Shipping Report Detail Form and cover DR-6 is completed when the material is shipped. The Consolidated Shipping Report Detail Form should have an "R" in the QGIP column for each of the curbside programs. The cover DR-6 QGIP box should remain blank. The processor or recycling center with the 8000 number would be entitled to the QGIP.

Processor #1 with an 8000 number receives mixed material from curbside programs. Processor #1 color sorts the material, completes the Consolidated Shipping Report Detail Form and cover DR-6 and ships to processor #2. The Consolidated Shipping Report Detail Form should have an "R" in the QGIP column for each of the curbside programs. The cover DR-6 QGIP box should remain blank. Processor #1 would be entitled to the QGIP.

Processor #1 with an 8000 number receives color-sorted glass from curbsides programs. Processor #1 ships the color-sorted glass to processor #2. The Consolidated Shipping Report Detail Form should have an "S" in the QGIP column for each of the curbside programs. The cover DR-6 QGIP box should remain blank. The curbside programs would be entitled to the QGIP.

Curbside programs ship mixed glass to processor #1 with an 8000 number and processor #1 completes a Consolidated Shipping Report Detail Form and cover DR-6 and then ships the mixed glass to processor #2. Processor #2 color sorts the glass and ships to an end user. The QGIP column on the Detail Form should be blank and the

## QUALITY GLASS INCENTIVE PAYMENT (QGIP) REPORTING

QGIP box on the DR-6 should also be blank. Processor #2 must submit a Form 56 to the Division to receive QGIP payment. The material was color-sorted subsequent to the completion of the DR-6.

POSTMARK  
DATE

**QUALITY GLASS INCENTIVE PAYMENT CLAIM FORM**

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
DIVISION OF RECYCLING  
DOR 56 (01/02)

APPLICATION FOR THE MONTH OF: \_\_\_\_\_ , 20 \_\_\_\_\_

CERTIFICATION NUMBER

FACILITY NAME

MAILING ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

COLOR SORTED GLASS:

REDEMPTION WEIGHT  
(TENTH OF TONS)

To be eligible to submit Quality Glass Incentive Payment Claim Forms DOR 56 (01/02), the sorting facility must have a Division approved methodology to attribute the color-sorted glass beverage container materials to the types of programs from which they were received. The Division shall pay a quality glass incentive payment for glass which is collected by curbside programs, color sorted and substantially free from contamination.

To be eligible for payment, a Quality Glass Incentive Payment Claim Form DOR 56 (01/02) must be submitted to the Division no later than the first day of the second month following the reporting month. Applications postmarked after this date or incomplete applications may be denied payment.

I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE

## MONTHLY SCRAP VALUE PURCHASE SURVEY REPORTING REQUIREMENTS

### SECTION IX – Monthly Scrap Value Purchases Survey Reporting Requirements (DOR-SV (10/00))

#### A. Definitions

**“Authorized Representative”** means the person authorized by the certified processor to submit data for the organization as complete, accurate, and verifiable.

**“Beneficiating Processor”** (PR BP) means the certified processor who sells beneficiated cullet generally to a glass container or fiberglass manufacturer. Cullet sold by PR BPs meets ASTM standards for furnace ready glass or is substantially free of all non-glass contaminants and is crushed to a consistent size.

**“Bimetal”** means a beverage container which consists of one or more metals and which is composed primarily of steel (PRC Section 14506.3).

**“Entity Type Purchased From”** means the type of certified or non-certified entity type for each container material type from which the processor purchased material, including:

- **RC, RV** = Certified Recycling Center or Reverse Vending Machine
- **CS** = Registered Curbside
- **SP** = Community Service Program
- **CP** = Drop-off or Collection Program
- **Non-Cert** = Non-certified entity
- **PR** = Certified Processor
- **Internal** = An entity that is owned or managed in common with the purchasing processor and any entity delivering curbside generated beverage container material mixed with other material types.

For Reporting glass scrap value purchases only

- **PR-BP** = Certified Beneficiating Processor
- **PR Non-BP** = Certified Non-Beneficiating Processor

**“Glass”** means a beverage container or food or drink container, whose principal component part or parts consist of virgin, postfilled glass, or any combination of both, in which any beverage, food, or drink are sold. Glass does *not* include plate glass, automobile glass, ornamental glass, vision ware, corning ware etc.

**“Non-Beneficiating Processor”** (PR Non-BP) means any person, including a scrap dealer, certified by the Department who purchases empty beverage containers from more than one entity type and is responsible for canceling empty beverage containers.

**“Plastic Beverage Container”** means a beverage container which has a body consisting primarily of plastic (PRC Section 14517). A plastic beverage container may be in resins #1 - #7.

**“Scrap Value”** means the price paid for container material types subject to the

## MONTHLY SCRAP VALUE PURCHASE SURVEY REPORTING REQUIREMENTS

California Beverage Container Recycling and Litter Reduction Act (Act), after shipping and handling costs are deducted.

### **B. Certified Processor Scrap Value Purchases Operating and Recordkeeping Procedures**

It should be noted that the Division does conduct scrap value reporting verification site visits. These visits are conducted to compare reported monthly scrap value data and original processor records. All aggregate monthly scrap value data reported by entity type should be consistent with the sum of all received weight documented on individual Shipping Reports (DR6s) and weight tickets for the same time period.

This manual is designed to be a step-by-step reference manual for certified recycling centers and processors to use when completing applicable shipping reports, processor invoices and Scrap Value Purchases Survey Forms (Survey Forms). This manual does not cover the various operating, record keeping, and accounting requirements with which certified recycling centers and processors must comply (e.g. load inspections, receipts/logs preparation, daily summary preparation, etc.). Please refer to Title 14 of the California Code of Regulations.

NOTE: If you have any questions concerning completion of the Survey Form, please contact the Market Research Branch at (916) 323-5778.

### **C. Procedures for Completing Scrap Value Purchases Survey Form**

Survey Forms shall be submitted to the Division no later than the 10<sup>th</sup> day of the month, following the month of the report (February report due by March 10<sup>th</sup>). Completed surveys may be faxed to the Market Research Branch at (916) 445-0645 or mailed to Department of Conservation, Division of Recycling, Market Research Branch Attn: Scrap Value Survey, 801 K Street, MS #17-24, Sacramento, CA 95814.

Survey Forms must be submitted regardless of whether or not purchases occurred in the applicable time period. If no purchases were made, the Survey Form shall be completed and sent with zeros in all applicable areas or marked nothing to report.

The following is a step-by-step procedure for completing Survey Forms. An itemized copy of a Survey Form described in the procedures below can be found on page 5 of this section.

**Item 1: *Processor Name*** – Name of processor as it appears on the certificate issued by the Division.

**Item 2: *Certification Number*** - Processor certification number, as it appears on the certificate issued by the Division.

## MONTHLY SCRAP VALUE PURCHASE SURVEY REPORTING REQUIREMENTS

- Item 3: *Survey Month*** - Applicable month, for example, all purchases by the processor during the month of April are reported during the survey month of April.
- Item 4: *Address*** - Facility address, city and zip code exactly as it appears on the certificate issued by the Division.
- Item 5: *Phone*** - Area code and phone number of the authorized representative signing the Survey Form.
- Item 6: *Date Prepared*** - Date Survey Form was prepared.
- Item 7: *Print Name*** – Printed name of authorized representative signing the Survey Form.
- Item 8: *Signature*** – Signature of authorized representative, by which signing the Survey Form represents the information submitted is complete, accurate and verifiable.
- Item 9: *Total Weight Purchased (Tons)*** – Total sum of received weight in tons purchased in that month of any recyclable container material consisting of the same material type from shippers of the same entity type, to a maximum of two decimal points. In the case where the volume is less than one ton, (Bimetal or #3 - #7 plastics) the weight in tons should be carried to the fourth decimal point.
- Item 10: *Total Net Payment*** – Total sum of dollars paid to shippers (customers) of the same entity type. The Total Net Payment is the Scrap Value after shipping, freight, administration fees, sorting or handling charges, refund value and processing payments are deducted. The Total Net Payment may be a positive, zero, or negative dollar amount.

### For Reporting Glass Scrap Value Purchases Only

- Item 11: *Monthly total weight (tons) by color*** – The total received weight by color of each of the factions of glass purchased. The total of flint, amber, green and mixed glass must equal the sum of the total received weight purchased from RC, CS, SP, CP, Non-Cert and Internal entities.

### For Reporting Processor to Processor Glass Scrap Value Purchases Only

- Item 12: *Monthly total weight (tons)*** – The total received weight of Color-Sorted and Mixed-Color (Mixed) glass purchased. The sum of the total

## MONTHLY SCRAP VALUE PURCHASE SURVEY REPORTING REQUIREMENTS

weight in tons of Color-Sorted and Mixed-Color glass must equal the sum of the total received weight purchased from PR BP and PR Non-BP (#9 and #10) for processor to processor transactions.

Bimetal and plastic beverage containers are reported as previously described except that separate reporting is not required by color or for processor to processor transactions, as in case of glass container material.

Plastic beverage containers resins #1 - #7 are empty beverage container materials (CRV) and Non-CRV materials in each of the corresponding resin types: # 1 PET (polyethylene terephthalate), # 2 HDPE (high density polyethylene), # 3 V (Vinyl), # 4 LDPE (low density polyethylene), # 5 PP (polypropylene), # 6 PS (polystyrene) and # 7 OTHER. #7 OTHER includes any container made from a material that is not #1 through #6 or is made from more than one type of plastic (multilayered). Each plastic resin type must be recorded in the appropriate boxes.



# SCRAP VALUE PURCHASES SURVEY FORM

Market Research Branch, 801 K Street, 17th Floor, MS 17-24, Sacramento, CA 95814

Phone: (916) 323-5878, Fax: (916) 445-0645

Confidential

Processor Name: \_\_\_\_\_ 1

Certification Number: \_\_\_\_\_ 2

Survey Month: \_\_\_\_\_ 3

Address: \_\_\_\_\_ 4

Phone: \_\_\_\_\_ 5

E-mail Address: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ 6

**To the best of my knowledge the information submitted on this scrap value survey form is complete, accurate and verifiable.**

Print Name: \_\_\_\_\_ 7

Signature: \_\_\_\_\_ 8

## Glass:

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. Internal		

## Monthly Total weight (tons) by color: 11

Flint: \_\_\_\_\_ Green: \_\_\_\_\_

Amber: \_\_\_\_\_ Mixed: \_\_\_\_\_

## Processor to Processor Transactions:

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
7. PR BP		
8. PR Non-PB		

## Monthly total weight (tons): 12

Color Sorted: \_\_\_\_\_ Mixed: \_\_\_\_\_

05/01/06

## Bimetal:

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



## PETE Plastic: (polyethylene terephthalate)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



## HDPE Plastic: (high density polyethylene)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		





# SCRAP VALUE PURCHASES SURVEY FORM

Market Research Branch, 801 K Street, 17th Floor, MS 17-24, Sacramento, CA 95814

Phone: (916) 323-5878, Fax: (916) 445-0645

**Confidential**

Processor Name: 1

Certification Number: 2

Survey Month: 3

1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



**V:** (vinyl)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



**PS:** (polystyrene)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



**LDPE:** (low density polyethylene)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



**OTHER:** (includes multilayer)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
1. RC, RV		
2. CS		
3. SP		
4. CP		
5. Non-Cert		
6. PR		
7. Internal		



**PP:** (polypropylene)

Entity Type Purchased From	Total Weight 9 Purchased (Tons)	Total Net 10 Payment
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## HANDLING FEES

### SECTION X - Handling Fee Application Processing and Reporting Procedures

#### A. Definitions

**"Handling Fees"** means an amount paid to an operator of a supermarket site, a rural region recycler, as defined in Section 14525.5.1, or a nonprofit convenience zone recycler, as defined in Section 14514.7, that is located in a convenience zone, for every beverage container redeemed by the operator at the supermarket or within the zone in which the supermarket site is located, by the rural region recycler, or by the nonprofit convenience zone recycler. (PRC, Section 14513.4)

**"Supermarket Site"** means any certified recycling center which redeems all types of empty beverage containers in accordance with Section 14572, and which is located within, or outside and immediately adjacent to the entrance of, or at, or within a parking lot or loading area surrounding, a supermarket which is the focal point of a convenience zone, or a dealer that is located within that zone, and which is accessible to motor traffic. (PRC, Section 14526.6)

**"Rural Region Recycler"** means an operator that is certified pursuant to subparagraph (A) of paragraph (2) of subdivision (b) of Section 14571, and who accepts or collects empty beverage containers from consumers pursuant to Section 14572 with the intention to recycle them. (PRC, Section 14525.5.1)

The department shall offer a single handling fee payment to a rural region recycler that is located anywhere inside a convenience zone that is not served by another certified recycling center and does either of the following: (A) Operates a minimum of 30 hours per week in one convenience zone. (B) Serves two or more convenience zones, and meets all of the following criteria: (i) Is the only certified recycler within each convenience zone. (ii) Is open and operating at least eight hours per week in each convenience zone and is certified at each location. (iii) Operates at least 30 hours per week in total for all convenience zones served. (PRC, Section 14585.(c)(2))

**"Nonprofit Convenience Zone Recycler"** means a recycling center that meets all of the following criteria: (a) The recycling center is operated by an organization established under Section 501(c) or 501(d) of Title 26 of the United States Code. (b) The recycling center is certified by the Department pursuant to Section 14538. (c) The recycling is located within a convenience zone, but is not necessarily a supermarket site.

#### B. Procedures for Completing Reporting Forms

In addition to the general reporting requirements found in section II of this manual, all Handling Fee Applications (DR-14) **must** be completed in accordance with the following requirements:

## HANDLING FEES

- The redemption weight reported on the application must reflect **ONLY** the weight of CRV materials redeemed **from consumers** during the reporting calendar month. Do not include weight associated with donated CRV materials or materials delivered by other certified entities in the reported redemption weight.
- Materials purchased by count must be converted to weight.
- The redemption weight reported must be substantiated by receipt and logs prepared **for consumer transactions** from the first day through the last day of the reporting calendar month.
- Separate applications must be submitted each calendar month for each supermarket site, rural region recycler, and nonprofit convenience zone recycler.
- Applications must be complete and legible. Incomplete and/or illegible applications will be rejected and handling fees will be **forfeited** for that month. (14CCR, Section 2530(h))
- Original applications **must** be submitted to the service contractor by the first day of the second month following the reporting month (e.g., January's application is due March 1st, February's application is due April 1st, etc.). The date of submission is the date of the postmark, or date received by the service contractor, whichever is earlier. Applications submitted after the deadline will be denied. (14CCR, Section 2530(h))
- Eligible supermarket sites, rural region recyclers, and nonprofit convenience zone recyclers must operate in accordance with applicable sections of the PRC and 14CCR. Failure to do so could result in the loss of handling fee awards.

### 1. Handling Fee Application (DR-14)

**NOTE: An itemized copy of the Handling Fee Application (DR-14) described in the procedures below can be found on page 4 and a subsequent example can be found on page 5 of this section.**

**Item 1: CCN - Do not enter any information for this item.** This item is to be completed by the service contractor.

**Items 2-3: Monthly Report for the Month of -** Enter month and year covered by the application.

**Item 4: Name and Address -** Enter the entity name exactly as it appears on the certificate issued by the Division. Do not abbreviate.

## HANDLING FEES

- Item 5: *Contact Person*** - Enter the name of the person who prepared the application and/or the person who can be contacted should questions arise during processing.
- Item 6: *Telephone Number*** - Enter the area code and phone number of the contact person.
- Item 7: *Postmark Date*** - ***Do not enter any information for this item.*** This item is to be completed by the service contractor.
- Item 8: *Certification Number*** - Enter the certification number of the recycling center. This is a two-digit alpha, four or five digit numeric identification number. The following are examples of certification numbers:
- RC\_\_ \_\_ \_\_ \_\_ \_\_ = Recycling Center
- Items 9-10: *Check This Box*** - If applicable, mark the appropriate box as it pertains to your business.
- Item 11: *Redemption Weight (lbs.)*** - Enter the total receipts and logs redemption weights for materials redeemed **from consumers** during the reporting calendar month. Redemption weight can be calculated by summing the refund value paid out during the calendar month, by material type, and dividing the result by the applicable segregated refund value rate per pound. Be sure to verify that the weights correspond to the material type reported. If you have no redemption weight to report for a specific material type, record a zero. Do not leave any of these fields blank.
- Items 12-13: *Do not enter any information for this item.*** This item is to be completed by the service contractor.
- Item 14: *Recycler's Signature/Title and Date*** - The authorized representative of the recycler's business must sign and date the application. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.
- Item 15: *Form Serial Number (FSN)***: - This number identifies a specific report. When making inquiries, this number must be included in the correspondence.

# HANDLING FEE APPLICATION

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-14 (1/00)

MONTHLY REPORT  
FOR THE MONTH OF 2, 203

NAME	<u>4</u>
MAILING ADDRESS	<u>4</u>
CONTACT PERSON	<u>5</u>
TELEPHONE NUMBER	<u>6</u>

CERT. #	<u>8</u>
---------	----------

<u>9</u>	CHECK THIS BOX IF YOU HAVE A CHANGE OF ADDRESS.
<u>10</u>	CHECK THIS BOX IF THERE IS A CHANGE OF OWNERSHIP OR CLOSE OF BUSINESS.

MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)	MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)
ALUMINUM	<u>11</u> .	PLASTIC VINYL	<u>11</u> .
GLASS	<u>11</u> .	PLASTIC LDPE	<u>11</u> .
BI-METAL	<u>11</u> .	PLASTIC PP	<u>11</u> .
PLASTIC PETE	<u>11</u> .	PLASTIC PS	<u>11</u> .
PLASTIC HDPE	<u>11</u> .	PLASTIC OTHER	<u>11</u> .

In order to be eligible for payment, the Handling Fee Application must be postmarked no later than the first day of the second month following the reporting month. Forms postmarked after this date and incorrectly completed forms will be denied for payment and the Handling Fee will be forfeited.

By signing and submitting this form, I certify that the redemption weights reported herein are only for the supermarket site, non profit convenience zone recycler, or rural region recycler indicated above. I also certify that I understand that this form is an application and that a final determination of eligibility for, and amount of, Handling Fee payments, if any, will be made by the Department of Conservation.

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this application. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify that the facts presented herein are true and correct to the best of my knowledge.

<u>12</u>
Recycler's Signature/Title

<u>13</u>
Date

FOR STATE ONLY
<u>14</u>
FORM SERIAL NUMBER (FSN):

## HANDLING FEE APPLICATION

STATE OF CALIFORNIA – The Resources Agency  
DEPARTMENT OF CONSERVATION  
Division of Recycling  
DR-14 (1/00)

### FOR STATE USE ONLY

CCN

**MONTHLY REPORT**  
**FOR THE MONTH OF** January, 2006

### FOR STATE USE ONLY

POST MARK	AMOUNT	REC'D BY

NAME	MARKET RECYCLING
MAILING ADDRESS	1420 Parkhaven Blvd.
	Oakmont, CA
CONTACT PERSON	Nick Slick
TELEPHONE NUMBER	(520) 555-5768

CERT. #	RC0988
---------	--------

<input type="checkbox"/>	CHECK THIS BOX IF YOU HAVE A CHANGE OF ADDRESS.
<input type="checkbox"/>	CHECK THIS BOX IF THERE IS A CHANGE OF OWNERSHIP OR CLOSE OF BUSINESS.

MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)	MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)
ALUMINUM	14,300.0	PLASTIC VINYL	.
GLASS	86,352.0	PLASTIC LDPE	.
BI-METAL	0.0	PLASTIC PP	.
PLASTIC PETE	5,321.0	PLASTIC PS	.
PLASTIC HDPE	.	PLASTIC OTHER	.

In order to be eligible for payment, the Handling Fee Application must be postmarked no later than the first day of the second month following the reporting month. Forms postmarked after this date and incorrectly completed forms will be denied for payment and the Handling Fee will be forfeited.

By signing and submitting this form, I certify that the redemption weights reported herein are only for the supermarket site, non profit convenience zone recycler, or rural region recycler indicated above. I also certify that I understand that this form is an application and that a final determination of eligibility for, and amount of, Handling Fee payments, if any, will be made by the Department of Conservation.

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this application. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify that the facts presented herein are true and correct to the best of my knowledge.

Nick Slick/ Operator
Recycler's Signature/Title

1/20/06
Date

FOR STATE ONLY
FORM SERIAL NUMBER (FSN):

## HANDLING FEES

### 2. Submission of the Application

All original applications should be sent to:

**IKON Business Information Service**

P.O. Box 277580

Attention: PRPS Unit DR-14

Sacramento, CA 95827

### 3. Application Audit Holds

In addition to the routine review of each handling fee application, the Department will examine selected applications for audit. This audit will verify the recycling center's location, operational status, and other eligibility criteria. The audit will also include a review of the recycling center's receipts and logs for substantiation of the redemption weights reported and compliance with various recordkeeping and reporting requirements.

For further information, please see the handling fee guidelines available on the Department website:

<http://www.conservation.ca.gov/DOR/crcp/recyclers/hfg.htm>

## **GLOSSARY**

This glossary lists definitions of terms used throughout this manual. References to the applicable Act and 14CCR sections are included.

### **Act**

The California Beverage Container Recycling and Litter Reduction Act. **(PRC, Division 12.1)**

### **Certificate\Certified**

The official document issued by the Division which identifies an operator of a recycling center, dropoff or collection program, community service program or processing facility as meeting the requirements for certification by the Division. **(14CCR, Section 2000(a)(6) & (7))**

### **Commingled**

A mix of CRV containers sold in California and other containers of the same material type. All broken glass empty beverage container(s) purchased from consumers, dropoff or collection programs, or community service programs shall be deemed commingled. **(14CCR, Section 2000(a)(10))**

### **Community Service Program**

A program which does not pay a refund value and accepts or collects empty beverage containers at a specific location or locations and meets one of the following criteria:

- The program is organized under Section 501(c) or 501(d) of the Internal Revenue Code, or
- The program is a charitable group organized under Section 23701 of the California Revenue and Taxation Code, or
- The program is operated by, or caused to be operated by, a city, county or other public agency. **(14CCR, Section 2000(a)(11))**

### **Consumer**

A person who purchases a beverage in a beverage container from a dealer for his or her use or consumption. "Consumer" includes a lodging, eating, or drinking establishment, and soft drink vending machines. **(PRC, Section 14508)**

### **Convenience Zone**

The area within a one-half mile radius of a supermarket.

A zone designated by the Department pursuant to PRC Section 14571.1 in underserved areas with no supermarket. **(PRC 14509.4)**



## **GLOSSARY**

### **Curbside Program**

A recycling program which meets all of the following criteria:

- The program picks up empty beverage containers from individual or multiple family residences, or both, and the empty beverage containers are separated from waste materials prior to being picked up.
- The program is operated by, or pursuant to a contract with, a city, county, or other public agency, or is acknowledged, in writing, by a city, county, or other public agency.
- The program accepts empty beverage containers from consumers with the intent to recycle them, but does not pay the refund value. (PRC, Section 14509.5)

### **Dealer**

A retail establishment which offers the sale of beverages in beverage containers to consumers. Lodging, eating, or drinking establishments, or soft drink vending machine operators are not deemed a dealer, except that these sales are subject to PRC Section 14560. (PRC, Section 14510)

### **Delivered / Delivery**

Delivered or delivery means physically taking possession of the material. (14CCR, Section 2000(a)(14))

### **Department**

Department of Conservation. (PRC, Section 14510.5)

### **Division**

Department of Conservation, Division of Recycling. (14CCR, Section 2000(a)(19))

### **Dropoff or Collection Program**

A recycling program which does not pay refund value and accepts or collects empty beverage containers, and which cannot qualify as a curbside program as defined in Section 14509.5 of the Act. *“Dropoff or Collection Program”* also means a program which separates recyclables from mixed municipal waste. *“Dropoff or Collection Program”* does not mean a program which accepts or collects recyclable materials which have already been separated from mixed municipal waste. Dropoff or Collection program also includes a Neighborhood Dropoff Program which meets all the criteria in Section 14514.1 of the Act.

## **GLOSSARY**

### **Empty Beverage Container**

A beverage container which meets all the requirements in PRC, Section 14509.5 except that such term does not include refillable beverage container. **(14CCR, Section 2000(a)(21))**

### **Handling Fee**

An amount paid to an operator of a supermarket site, a rural region recycler, as defined in Section 14525.5.1, or a nonprofit convenience zone recycler, as defined in Section 14514.7, that is located in a convenience zone, for every beverage container redeemed either by the operator at the supermarket site or within the zone in which the supermarket site is located, by the rural region recycler, or by the nonprofit convenience zone recycler. **(PRC, Section 14513.4)**

### **Individual Commingled Rate**

A commingled rate approved by the Division which is applicable to dropoff or collection, community service, or curbside programs, which have obtained prior approval from the Division. **(14CCR, Section 2000(a)(27.1))**

### **Line Breakage**

Pre-consumer material that is recycled or disposed of by a container manufacturer, beverage manufacturer, distributor or dealer. **(14CCR, Section 2000(a)(27.6))**

### **Location**

The street address where the facility operates. **(14CCR, Section 2000(a)(28))**

### **Material**

The physical substance used to manufacture a beverage container or food and drink package including, but not limited to, aluminum, bimetal, glass and, plastic. **(14CCR, Section 2000(a)(30))**

### **Processor**

Any person, including a scrap dealer, who purchases or offers to purchase empty beverage containers from more than one recycling center in this state and is responsible for canceling empty beverage container(s) in a manner prescribed in 14CCR, Section 2000(a)(4). **(14CCR, Section 2000(a)(35))**

### **Processor Invoice**

The report required by 14CCR, Section 2425, which the Department uses to determine payment to a certified processor. **(14CCR, Section 2000(a)(35.1))**

## **GLOSSARY**

### **Processing Payment**

An amount paid to processors, dropoff or collection, curbside programs, and recycling centers by the department when the department determines that the scrap value being offered by container manufacturers, beverage manufacturers, or willing purchasers for a particular container material is insufficient to ensure the economic recovery of the container type at the minimum number of recycling centers or locations. (PRC, Section 14518.5)

### **Recycling Center**

Means the definition in Section 14520 of the Act and includes the definition of "Nonprofit Convenience Zone Recycler" in Section 14514.7 of the Act and the definition of "Rural Region Recycler" in Section 14525.5.1 of the Act.

### **Redeemable Beverage Container**

A container identified with "CA Redemption Value", "California Redemption Value", "CA Cash Refund", or "California Cash Refund" sold in California which has an established refund value. (14CCR, Section 2000(a)(38))

### **Redemption Weight**

The weight of empty California redemption-labeled beverage containers. (14CCR, Section 2000(a)(39))

### **Refund Value**

The minimum amount paid by a certified recycler to a consumer for empty beverage containers redeemed. (PRC, Section 14524)

### **Rejected Containers**

A California redemption labeled beverage container, which a container manufacturer or beverage manufacturer elects to recycle or dispose of without paying any applicable processing fee, or which a distributor elects to recycle or dispose of without paying the redemption payment. "Rejected containers" includes container tops, lids, or other components which contain the "CA Redemption Value", "California Redemption Value", "California Cash Refund" or "CA Cash Refund" message. (14CCR, Section 2000(a)(41))

### **Rural Region Recycler**

Means the operator of a certified recycling center located in a designated rural region as defined in Section 14571(b)(2) of the Act. A Rural Region Recycler is eligible to receive a handling fee based upon the volume from a single location or based upon the aggregate volume from more than one location. (PRC Section 14571(b)(2))

## **GLOSSARY**

### **Scrap**

Any recyclable container, including food or drink packaging material, other beverage containers, or nonredeemable containers, out-of-state beverage containers, line breakage or rejected containers, of the same material composition as redeemable containers covered by the Act. **(14CCR, Section 2000(a)(41.2))**

### **Segregated**

A load, divided by material type, that consists of 100% California refund value material. **(14CCR, Section 2000(a)(43))**

### **Shipping Report**

The documentation of the receipt of material by a processor, or by a recycling center from another recycling center, dropoff or collection program, community service program, or curbside program. The shipping report is the basis for payments by the Division pursuant to Section 14573 of the Act. **(14CCR, Section 2000(a)(44))**

### **Shrinkage**

The reduced value due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. **(14CCR, Section 2000(a)(45))**